



UNIVERSITY OF
CENTRAL
ARKANSAS™

GRADUATE SCHOOL

Graduate Level - Degree Works Prior Coursework Approval Form

Return completed, signed, and approved form to
UCA Graduate School, 201 Donaghey Avenue, Torreyson West 328, Conway AR 72034
ucagradschool@uca.edu fax(501)450-5678

NAME

UCA ID#

UCA EMAIL ADDRESS

DEGREE PROGRAM

We request the following course(s) from a previous degree/certificate be applied to the student's current program of study. For certificates a maximum of 3 credit hours and for a master's or an Ed.S. a maximum of 6 credit hours may be applied.

**UCA COURSE
PREFIX & NO.**

UCA COURSE TITLE

**CREDIT
HOURS TERM / YEAR**

Dept. Approver's Name (print)

Title/Position

Dept. Approver's Signature

Date mm/dd/yy

Graduate School Approver's Name _____ Date _____

Processed in Degree Works by _____ Date _____