



COMPETENCY CREDIT FORM

Office of the Registrar
1100 North Avenue
Grand Junction, CO 81501-3122
(970) 248-1555 Fax (970) 248-1131
1-800-982-MESA

To apply for competency credit, students must follow the regulations in the "Competency Credit Policy" provided with this form.

Student Name _____ ID# _____

Degree: Baccalaureate / Associate / Certificate Major: _____

Initial Inquiry: Student meets with their advisor and the appropriate course instructor(s) about the procedures and identifies the course(s) for which he/she is seeking competency credit.

Courses Requested (Attach additional sheet, if necessary)

Table with 6 columns: Department Prefix, Course Number, Course Title, Credit Hours, Course usable towards, Final Approval. It contains four rows for course entry.

Preparation of Portfolio: The student prepares a portfolio which supports credit requested and which includes verification and documentation.

Competency credit application fee: Student pays the non-refundable Competency Credit Application fee of \$50.00 to the Accounting Office. Receipt #: _____

Submit documents: Student submits this form and their portfolio to the Department Head.

Approval Process: The Department Head shall conduct a poll of the faculty to determine if competency credit should be awarded. If approved by the department faculty poll, the portfolio and recommendations by the faculty should be forwarded to the Vice President of Academic Affairs (VPAA). If the VPAA approves, the VPAA sends this form to the Registrar's Office for further processing. A copy of this form, along with the portfolio, will be returned to the department to be retained for two years. If not approved, the student and department will be notified based on the guidelines in the Competency Credit Policy.

If approved, payment of per credit hour fee: Student pays \$25.00 per credit hour to the Accounting Office. Once paid, the courses will be added to the transcript as transfer courses with a grade of "P" for passing. Credits Awarded: _____ Total Fee: \$ _____ Receipt #: _____

Student Signature _____ Date _____

Department Head _____ Date _____ Indicate "approve or disapprove"

Vice President for Academic Affairs _____ Date _____ Indicate "approve or disapprove"

Registrar's Office Use: Date Student Notified of Approval/Denial: ___/___/___ Date Input: ___/___/___ by _____