

PETITION FOR ADVANCED STANDING CREDIT



Office of the Registrar
3520 Central Parkway
Cincinnati, OH 45223
(513)569-1522

STUDENT INFORMATION

ID Number _____

Academic Program _____
(must be admitted to a degree or certificate program)

Last Name _____

First Name _____

Indicate the type of advanced standing credit being requested.

COMPLETE ONE FORM FOR EACH TYPE AND EACH ACADEMIC DIVISION

Type of Advanced Standing Credit	Check Type	Our Grade	\$ Fee =	Type of Advanced Standing Credit	Check Type	Our Grade	\$ Fee =
Credit by Examination - one petition per exam		EC	1 Cr-Hr	Credit by Tech Prep		TP	N/A
Credit for External Certification/Licensing Exam		EL	1 Cr-Hr	Credit by Senior Vocational Referral		VO	N/A
Credit for External Formal Training Program		ET	1 Cr-Hr	Students seeking college credit for Advanced Placement (AP), College Level Examination Program (CLEP), or International Baccalaureate (IB) should submit their scores directly to the Office of Admission.			
Credit for Applicable Work Experience		EX	1 Cr-Hr				

Indicate the course(s) for which advanced standing credit is requested

Waiver of Equivalent Cincinnati State Course			Waiver of Equivalent Cincinnati State Course				
Dept	Course#	Course Title	Cr. Hrs.	Dept	Course#	Course Title	Cr. Hrs.

Division Authorization of Credits Earned (Required for all credits. All applicable documentation should be retained in the division office.)
The Petition for Advanced Standing Credit, as shown above, is: Approved Not Approved

Faculty Signature _____ Date _____

Division Dean Signature _____ Date _____

Reviewed and Input by _____ Date _____

