

Continuing Education to Credit-Proficiency Authorization Form

Have your instructor sign and date the form below. Then return to the form to:

Continuing Education
Attn: Shirley Shanahan, Student Support Assistant
Wojcik Conference Center, Building W, Room W109
1200 W Algonquin Road
Palatine, IL 60067

Student Name: _____

Student Signature: _____

Harper ID: _____

Home Address: _____

Email: _____

Phone: _____

Course name: _____ Course ID: _____

Faculty Evaluation:

The student has completed the following course and should be granted college proficiency credit for:

Continuing Education Course: _____ Grade: _____

Credit Course Equivalency: _____ Semester: _____

Faculty Name (please print): _____

Faculty Signature: _____

Office Use Only

Credit Dean's Signature: _____

Date Received: _____