



**ARTICULATION OF CREDIT REQUEST FORM
WV Division of Corrections and Rehabilitation**

(RO-6/24)

Registrar's Office 200 High Street, Glenville, WV 26351 304-462-4117 Fax 304-462-8619 registrar@glenville.edu

Student Name: _____ GSU ID#: _____

Criminal Justice Degree Program Pursuing: Associate of Science Bachelor of Science

Academy graduation date: _____

As official verification of your graduation from the academy or completion of training, a copy of your certificate of completion must accompany this request form.

Upon receipt of this request form and supporting evidence, you may be awarded the following academic credit based on academy training: CRJU 105 – Interviewing and Report Writing (3cr), CRJU 111 – Introduction to Criminal Justice (3cr), CRJU 223 – Corrections (3cr), CRJU 305 – Criminal Evidence and Procedures (3cr), CRJU 401 – Ethics in Criminal Justice (3cr), PED 201 – First Aid & Safety (1cr).

Additional academic credits may be awarded based on specific training, work experience or submission of a professional portfolio. Please check all that apply.

I am currently employed within the Department of Corrections and Rehabilitation and plan to submit a portfolio to request academic credit for my work experience. If checked, you may be eligible for the following academic credit: CRJU 297 – Internship I (1cr) and/or CRJU 497 – Internship II (6cr)(BS degree candidates only). **To receive this credit, a copy of your department/org ID showing active employment must be included in your portfolio.** Date entered employment: _____

I am not currently employed within the Department of Corrections and Rehabilitation.
Employer: _____

I was previously employed with the WVDOCR. Dates of employment: _____

I completed Probation & Parole training. If checked, you may also be eligible for the following academic credit: CRJU 251 – Probation and Parole (3cr). **To receive this credit, a copy of your certification of completion of the training must accompany this request form.**

I plan on submitting a professional portfolio for additional academic credit for work experience relating to previous employment with the WVDOCR or for courses not listed above. If checked, you will be contacted and provided information concerning portfolio submission requirements and the process. You may only request credit which applies to your specific degree program.

Student Signature: _____ Date: _____

Submit completed form and supporting documentation to the Registrar's Office.

*****FOR OFFICE USE ONLY*****

Registrar Office Signature: _____ Date Posted: _____