



Fairfax University of America
4401 Village Drive
Fairfax, VA 22030
Telephone: (703) 591-7042
registrar@fxua.edu

Prerequisite Re-evaluation Request Form

Purpose of this form: This form is to be used when a student wishes to request an evaluation of their program prerequisites in relation to admission at FXUA.

Directions: FXUA recognizes that there are myriad of ways that potential students learn this foundational knowledge. One such way would be to fulfill the program's foundational knowledge as part of an undergraduate degree/certificate or alternative means like completion of a professional certification. The following steps should be done depending upon the method by which you are requesting to show fulfillment of your prerequisites.

- If requesting proof of fulfillment by means of a for-credit course from an accredited institution of higher education: You need to complete a Prerequisite Re-evaluation Request Form, listing the courses, as they are listed on your official transcript to be evaluated for prerequisite evaluation from your previous Institution. The course content, objectives and outcomes considered for the listed course(s) must match the course content of the FXUA course for which you are requesting to demonstration of fulfillment. For purposes of the evaluation, the student shall supply credible documentation suitable for determining course objectives and outcomes. **A course syllabus that includes course outcomes/objectives and course descriptions, or a copy of a catalog (electronic or physical copy) from the relevant institution detailing program offerings and course objectives, are acceptable forms of documentation.**
 - If requesting proof of fulfillment by means of demonstrated professional certifications from recognized professional organization: If a student can demonstrate through certifications from professional organizations recognized as industry standards in the field, these program prerequisites may be deemed fulfilled by a qualified program chair/department chair who is a content-expert in the area in question. To demonstrate that program prerequisites have been satisfied, the student needs to provide proof of official examinations and/or certifications pertaining to the prerequisite's subject. You need to complete a Prerequisite Evaluation Request Form with all supporting documents (i.e. examination and certifications), which will be submitted to the chair of the applicant's elected program for review and consideration.
- 1.) **Fill out this form completely**
 - 2.) **Submit the original documents to the Registrar's Office**
 - *(Documents must be completed in full to be considered)*
 - 3.) **Students will be notified of the results by email within 5 business days after submission of their completed documents**



FXUA ID or Application #:	Last Name:	First, Middle (if any) Name:
Program of Study:	Concentration/Specialization (if applicable):	Email:

Means by which you are requesting FXUA to recognize your program prerequisites as fulfilled (place an "X" next to all that apply)

Check (if applicable)	Method of Demonstrating Fulfillment	Institution	Proof of Content Area Knowledge by	Contact Time
	Demonstrated for-credit coursework from an accredited institution of higher education		Program of Study: (List all courses below and provide copies of course syllabi)	Institution credits are listed as: () Semester Hours () Quarter Hours or Other

Student completes					
Course Code	Course Name Requesting Fulfillment	Credits	Grade	FXUA Course Code Requesting Equivalency	Credits

Office Use Only			
US Grade Equivalency	Approved	Evaluator	Comment, if any
	Yes / No		
	Yes / No		
	Yes / No		
	Yes / No		

Student completes					
Check (if applicable)	Method of Demonstrating Fulfillment	Organization	Certification Name (provide a copy of the certification and any other information)	Expiration (if applicable)	FXUA Course Code Requesting Satisfied
	Evidence of Perquisite fulfillment by professional certification				
	Evidence of Perquisite fulfillment by professional certification				

Office Use Only		
Approved	Evaluator	Comment, if any
Yes / No		
Yes / No		

By signing below, I certify that I read the transfer credit policy in the academic catalog and the information contained on this form, and all supporting documentation, is true and accurate.

Student Signature: _____ Date: _____

Program Chair Signature: _____ Date: _____

Departmental Review:

Date Received _____
Date Processed _____
Registrar Signature _____