PROJECT LEAD THE WAY (PLTW) REQUEST FOR UNIVERSITY CREDIT

Earning University of Minnesota credit for Project Lead the Way courses:

Secondary school students who successfully complete all four PLTW Biomedical Science courses (Principles of Biomedical Science, Human Body Systems, Medical Interventions, Biomedical Innovation) may apply for college credit from UMR. Students will receive 6 semester credits, subject to the following conditions:

- The secondary school must be certified by PLTW
- All requirements for the four PLTW Biomedical Science courses must be satisfied; the student must achieve final course grades of 85% or higher and End-of-Course Assessment scores at the Practiced or higher level for all four courses.

The UMR accepts PLTW Biology courses as listed on official transcripts as general elective credit. PLTW courses do not have specific program equivalents to UMR courses. PLTW courses may not transfer to other institutions.

- For PLTW courses taken in the fall, registration forms must be postmarked no later than May 1 of the same academic year.
- For PLTW courses taken in the spring, registration forms must be postmarked no later than October 1 of that calendar year. These deadlines are firm and not negotiable.

REGISTRATION INSTRUCTIONS:

To earn six UMR credits for four PLTW Biomedical Science course, students must complete the "STUDENT INFORMATION" section of this form and submit it to their PLTW high school instructor who complete the INSTRUCTOR INFORMATION" and submit it to:

> Attn: One Stop University of Minnesota Rochester 300 University Square, 111 South Broadway Rochester, MN 55904

Students will be notified by email when PLTW credits are on their official UMR transcript. Students may request an official UMR transcript online at: https://onestop.r.umn.edu/academics/transcripts.

It can take up to 3 weeks for the credit to appear on a student's transcript. Please plan accordingly.

STUDENT INFORMATION: (A	Please type or print clearly using bl	lack or blue ink.)	
UM Student ID (Leave blank if not applicable) #:		Birthdate:	
Last Name	First Name:	Middle Name	or Initials
Home Address:			
City:	State:	ZIP Code:	
Home Phone #:	Email Address:		
Student Signature:	Date:		
INSTRUCTOR/COURSE INFORI	MATION: (to be completed by PLTW)	Instructor)	
High School Name:			
	of 85% or higher with an End-of-Cocience, Human Body Systems, Med		
Date of Exam:			
Instructor Name (printed):		Instructor Signature:	
Instructor Phone #:	Email addre	ess:	Data

Date: