



AAMGA University
Credit Request Form

AGENCY/COMPANY NAME: _____

COURSE NAME: _____

COURSE INSTRUCTOR: _____

COURSE DATE: _____

COURSE LOCATION: _____

COURSE HOURS: _____

COURSE PROVIDER: _____

PERSON REQUESTING: _____

EMAIL: _____

Please provide (or attach) a description of the course curriculum, and the educational need it addresses that is not currently met by AAMGA University:

ATTENDEES (PLEASE PRINT CLEARLY)

Please Print Name

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