



APPLICATION FOR EXPERIENCE CREDIT

Student's name \_\_\_\_\_

Local Address \_\_\_\_\_ Local Phone \_\_\_\_\_

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I hereby apply for experience credit based upon the skills and knowledge I have gained through experience acquired before admission to the College. I understand that the documented skills and knowledge are applicable to the matriculated program of study, are awarded at departmental discretion, and are not applicable toward the 30-hour residency requirement or liberal arts and sciences requirements. Experience credit will be applied as departmental elective credit.

Required documentation (please attach):

- Brief explanation of work experience and it's application or relevance to degree program of study
- Resume
- Other evaluative measures as deemed appropriate by the academic program

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

This certifies that the student named above has fulfilled the stated requirements for experience credit and upon payment as stated in the College Catalog is entitled to \_\_\_\_\_ hours of experience credit (not to exceed one-fourth of total hours required for degree). Written evidence is on file in the Division Office.

Faculty Advisor \_\_\_\_\_

Dean of Division \_\_\_\_\_

Dean of the College \_\_\_\_\_

Date \_\_\_\_\_

TO: College Registrar

This certifies that the student named above has paid the required tuition and is entitled to \_\_\_\_\_ hours of experience credit.

Business Office \_\_\_\_\_

Date \_\_\_\_\_