



# APPLICATION FOR EXPERIENCE CREDIT

Office of the Registrar, 1600 Burrstone Road, Utica NY 13502

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
 Academic Program: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Total Credits  
 \_\_\_\_\_ Earned to date: \_\_\_\_\_

Only in exceptional circumstances will Utica University allow for experience credit. Experience credit is limited to **six** credits in a graduate program and **fifteen** credits in an undergraduate program, and it must have produced the learning equivalent to taking course(s) in the program.

**Experience Credit:**

- Is based upon the skills and knowledge gained through experience acquired before admission or during attendance at the University.
- Is treated and recorded as having taken specific course(s) and cannot be counted as liberal arts credit.
- Is subject to the appropriate *tuition and fees* for the equivalent replacement course(s) based on the program's tuition. Questions about fee schedules may be directed to Student Financial Services at (315) 792-3179.

**Required documentation (to be attached):**

- Brief explanation of work experience and its application or relevance to degree program of study
- Resume
- Other evaluative measures as deemed appropriate by the academic program and written evidence of the formal evaluation.

I understand these conditions and hereby apply for experience credit to replace the following course(s). I understand that the documented skills and knowledge must be applicable to my matriculated program of study, that experience credit is awarded at the University's discretion, and that relevant tuition and fees apply.

Course Number	Credit Hours	OFFICE USE ONLY
		Passed Evaluation (Yes/No)

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

**Academic Approval**

I hereby endorse this student's request for experience credit and have attached a description of the formal evaluation to be used and the criteria for satisfactory performance (e.g., grade of XX% or better on exam). Once endorsed by the Program Director, formal evaluation may occur. The Program Director's signature below certifies that the student named above has successfully passed the formal evaluation demonstrating experiential knowledge of the information appropriate to the course(s) listed above.

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Dean of Academic School: \_\_\_\_\_ Date: \_\_\_\_\_

Effective Term: \_\_\_\_\_

**Financial Approval**

This certifies that the student named above has paid the required tuition and is entitled to \_\_\_\_\_ hours of experience credit.  
Date Payment Received by SFS: \_\_\_\_\_ Approved by: \_\_\_\_\_

*Once payment is received and verified, form is to be forwarded to the Office of the Registrar for the experience credit to be added to the student record.*

**Registrar:** Date processed and credit added to student's account: \_\_\_\_\_