

SIDE 1

APPLICATION FOR NON-TRADITIONAL CREDIT

Student Name:

I am applying for an _____ examination, or _____ experiential learning evaluation

for university course(s) in _____

Department/List Course Number & Title

I agree to pay the fee established by the college for this evaluation.

I understand that if my evaluation is found to be acceptable, the credit will then be entered on my permanent record with a CREDIT evaluation (not computed in my GPA).

I believe I am ready for the examination and/or evaluation because of my background and experience in:

Student Signature: _____ Date: _____

Credit desired in department:

Professor to be contacted:

Application approved/arrangements made by:

Professor: _____ Date: _____

Approved by Department Chairperson: _____ Date: _____

If application is approved, take form to Cashier's Office and pay fee.

Application denied for the following reason(s):

Professor: _____ Date: _____

Examination/Evaluation Fee Paid: _____ Date: _____

TO BE COMPLETED BY FACULTY MEMBER

Student Name:

NON-TRADITIONAL CREDIT CERTIFICATION:

A. Certification for EXAMINATION

This is to certify that the examination given to earn credit in:

Department	No.	Subject Title	Credit Hours

has been completed.

The course _____ has been successfully (CR), or _____ unsuccessfully challenged (NC) with a score of _____.

Professor's Signature Date

(Attach a copy of examination for permanent file.)

B. Certification for EXPERIENTIAL LEARNING EVALUATION

This is to certify that the experiential learning is evaluated as _____ acceptable for credit **OR** _____ NOT acceptable for credit.

Credit EARNED: Dept/No. _____ Subject Title: _____
Credit Hours: _____ Upper division _____ Lower division _____

Bases for recommendation:

(Attach certifications or background information submitted by student.)

Professor's Signature: _____ Date: _____

To be signed after credit is awarded or denied.

Chairperson's Signature: _____ Date: _____

Academic Dean's Signature: _____ Date: _____

Date filed in Registrar's Office: _____

