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: __________

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Credit desired in department:
Professor to be contacted:

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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: __________

A-7
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:

<table>
<thead>
<tr>
<th>Department No.</th>
<th>Subject Title</th>
<th>Credit Hours</th>
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</table>

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

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To be signed after credit is awarded or denied.

__________________________          ______________________
Chairperson’s Signature          Date

__________________________          ______________________
Academic Dean’s Signature          Date

Date filed in Registrar’s Office: ______________________