

**LIFE EXPERIENCE CREDIT
REQUEST FORM**

(This form is filled out by the student and presented to the Department Chair. One form per course.)

THIS SECTION COMPLETED BY STUDENT

STUDENT I.D. NUMBER _____

NAME _____
Last First M.I

ADDRESS _____
Number and Street

City, State, and Zip Code

PRIMARY PHONE NO. (include area code) _____ ALTERNATE PHONE NO. (include area code) _____

COURSE REQUESTED FOR LIFE EXPERIENCE CREDIT:

Course No. _____ Course Title _____ / _____
Credit Hours

Potential Completion Date _____
(fill in term and year – must be completed by the 5th week of the spring term of the current academic year)

Student Signature Date

THIS SECTION COMPLETED BY DEPARTMENT CHAIR

1. Is the student currently enrolled in or registered for this course? _____ Yes _____ No
2. Has the student met the prerequisites for the course listed above? _____ Yes _____ No
3. Has five years of relevant work experience been verified? _____ Yes _____ No

Signature of Approval: Department Chair	Signature of Approval: Faculty Advisor Life Exp.
Printed Name of Department Chair	Printed Name of Faculty Advisor
Date	Date

DIVISIONAL DEAN/CHAIR: Retain this form until after the evaluation. Send this form, along with a copy of the student notification letter, to the Student Records Office Registrar when evaluation is finalized.

RESULTS: _____ Passed _____ Failed Date: _____