

LIFE EXPERIENCE CREDIT - FACULTY COMPENSATION FORM
 (This form is completed by the Department Chair or Divisional Dean)

Student's Name: _____
 (Please Print)

COURSE NUMBER	DATE REVIEWED	FACULTY NAME	FUNCTIONS PERFORMED (Advisor/Reviewer/Supervisor)	COMPENSATION DUE

COMPENSATION AMOUNTS (to be authorized by the Divisional Dean or Department Chair when the "Life Experience Credit Request Form" is sent to the Student Records Office)

Advisor: \$65
 Reviewer: \$65
 Supervisor of Learning Contract \$65

Definition of Advisor

Faculty member who sees the student at the beginning of the process to help the student understand the course and objectives of the course. NOTE: Advisors are paid only after the student's portfolio is reviewed.

Definition of Reviewer

Faculty member or external reviewer with expertise in the field who reads portfolio and participates in the review session. The review panel verifies competencies or deficiencies when compared against course outcomes/requirements.

Definition of Supervisor of Learning Contract

Faculty member who writes up and presides over the Learning Contract developed with the student when minor deficiencies are noted in the Life Experience Credit portfolio attempt.

Signature of Reviewer/Faculty Member: _____
 Signature of Reviewer/Faculty Member: _____
 Signature of Reviewer/Faculty Member: _____
 Signature of Reviewer/Faculty Member: _____

Approved By: _____
 Department Chair or Divisional Dean Date

ATTACH COPY OF STUDENT'S LIFE EXPERIENCE CREDIT PAYMENT SLIP AND SUBMIT TO V.P. FOR LEARNING (if payment slip is not attached, form will be returned to the Department Chair or Dean.)

Signature of Vice President for Learning _____
 Date

After all signatures, original form should be forwarded to the Payroll Specialist in the HR Office.