

North Central State College

**LIFE EXPERIENCE CREDIT  
PAYMENT SLIP**

(This form is to be filled out by the Divisional Dean or Department Chair and given to the student to pay fee at the Cashier's Office. One form per course.)

STUDENT'S NAME \_\_\_\_\_

STUDENT I.D. NUMBER \_\_\_\_\_

AMOUNT DUE: \$250.00 FOR COURSE NO. \_\_\_\_\_

PLEASE NOTE: **No refund of fees will be issued after the initial meeting between the student and Faculty Advisor.**

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Divisional Dean/Department Chair)

PRINT NAME HERE \_\_\_\_\_ CAMPUS ZIP CODE \_\_\_\_\_  
(Divisional Dean/Department Chair)

Present this form along with payment to: North Central State College  
Cashier's Office (Room 155-Fallerius)  
P. O. Box 698  
Mansfield, Ohio 44901  
(Phone: 419-755-4722)

**Cashier:** Please send this original form to the divisional dean or department chair after payment is received.  
**Dean/Chair:** Attach this payment slip to the Faculty Compensation Form.

CASHIER'S DATE STAMP: