



Continuing and Professional Education Request for Life-Work Experience

Life-Work Experience: \$50 per credit hour awarded

Student Name: _____

Student Identification Number: _____ Date Submitted: _____

I request credit for Life-Work Experience for the following courses:

Division/Course #	Course Title	Credits	Approved	Denied

Verified by:

Dean: _____

Academic Affairs Office: _____

Student Accounts Office: _____

Registrar's Office: _____

Students may be awarded a maximum of 9 semester hours of credit for properly documented Life-Work Experience.



Continuing and Professional Education Request for Life-Work Experience

Transmittal Sheet

Student Name: _____

To the Student:

Completed "Requests for Life-Work Experience" forms with supporting documentation will be distributed and evaluated by the division chair(s) during the semester. Students will be notified by the Registrar's Office after credit is awarded and posted. Credit will be posted at the end of semester in which students file the application (Please note: Not all divisions work on the same timetable and evaluations may take longer than one semester) The Student Accounts Office will bill the student \$50 per credit hour awarded. Students may be awarded a maximum of 9 semester hours of credit for properly documented Life-Work Experience.

To the Faculty:

Please review the attached "Request for Life-Work Experience" form. Please mark the appropriate box, sign this form, and return it to Registrar's Office.

Credit for Life Experience is: Approved Denied

Course Name/Number: _____

Dean (or designee): _____

To be filled out by the student:

Name: _____ Student ID Number: _____

Course for which you are requesting credit:

Activity/Experience	Date(s)	Location	Length of Activity	Type of Supporting Document(s) Attached	Competencies/Learning Outcomes