Lees McRae COLLEGE

Continuing and Professional Education

Request for Life-Work Experience

Life-Work Experience: $50 per credit hour awarded

Student Name: _____

Student ID Number: _____ Date Submitted: _____

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

Division/Course #	Course Title	Credits

Verified by:

Dean: _____ Date: _____

Registrar: _____ Date: _____

Vice President for Academic Affairs: _____ Date: _____

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

To be completed by Registrar

Sent to Business Affairs:

☐ Yes
☐ No

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Transmittal Sheet

Student Name: _____

To the Student:
Completed "Requests for Life-Work Experience" forms with supporting documentation will be distributed and evaluated by the Dean(s) during the semester. Students will be notified by the Office of the Registrar 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 Business Affairs Office will bill the student $50 per credit hour awarded. Students may be awarded a maximum of nine (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 the Office of the Registrar.

Credit for Life Experience is: ☐ Approved ☐ Denied

Course Name/Number: _____

Dean Name: _____

Dean Signature: _____ Date: _____

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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