



CREDIT FOR PROFESSIONAL EXPERIENCE REQUEST FORM

Program: _____

Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Date: _____

Course(s) for which credit is requested: _____

*****DO NOT WRITE BELOW THIS LINE.*****

Checklist:

- Cover Letter
- Current Resume/Vitae
- Transcribing Fee Received
- Documentation: _____

Affidavit from Supervisor/Employer

Letter of Reference #1

Letter of Reference #2

Course(s) for which credit is granted: _____

CREDIT FOR LIFE EXPERIENCE REQUEST

Total number of credits granted: _____

Reviewer (Printed Name)

Signature

Date

Reviewer (Printed Name)

Signature

Date

Reviewer (Printed Name)

Signature

Date

Program Coordinator (Printed Name)

Signature

Date

Dean of the Division of Professional Studies
(Printed Name)

Signature

Date