



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

Director of Graduate Studies (Printed Name)

Signature

Date