

Application Date: _____

STUDENT INFORMATION

Name: _____

Address: _____

Student ID No: _____ Phone No: _____

Contact e-mail: _____

COURSE INFORMATION

Information for course in which you are requesting credit:

Course Number: _____ Course Title: _____

PROCEDURE FOR REQUESTING EXPERIENTIAL CREDIT

This application gives you the opportunity to have employment experiences and learning equated to college course equivalents. The purpose is to assign college credit, where it is judged to be appropriate. No experiential credit applications will be evaluated for persons not currently enrolled in Brenau University. It is understood that \$200 per credit hour will be charged for any credit awarded.

Please fill out the application as thoroughly and specifically as possible. The application will not be processed unless all the verifying signatures have been obtained. In some cases, testing will be used to establish proficiency levels for college credit.

If you do not have enough space in a category, please add separate sheets marked with the title of the category. Attach records of work, program certificates from in-service or workshops, or articles that indicate your professional accomplishments.

As an experiential learning applicant, you should contact the department chair responsible for your subject area. In the event your situation warrants, the chair will assign a faculty member to assist you in the preparation of the information and serve as the sponsoring faculty member. You should work closely with the individual and follow all directions and meet all deadlines if your application is to be handled properly. The faculty member will further discuss the experiential credit procedure with you.

(Note: The original and only copy of the Experiential Credit Application will be kept in the Registrar's Office upon approval.)

PART I: WORK EXPERIENCE (Salaried Positions)*

*Letters of Verification/Recommendation must be attached for all positions as Exhibits for Part I.

Position (Occupational Title): _____

Employer: _____

Employer's Address: _____

Dates of Employment (Years, Months): _____ Full time: _____ Part time: _____

Description of Job and Responsibilities: _____

PART II: VOLUNTEER SERVICES (applicable to requested credit)*

*Letters of Verification/Recommendation must be attached for all positions as Exhibits for Part II.

Position: _____

Program or Agency: _____

Address of Agency: _____

Supervisor: _____

Description of Responsibilities: _____

PART III. PROFESSIONAL DEVELOPMENT*

*Course outlines or description and certification or verification documents must be attached as Exhibits for Part III.

A. PROFESSIONAL ORGANIZATIONS OR AGENCIES:

Class or Experience Title: _____ Dates: _____

Nature of the Class or Experience: _____

B. PROFESSIONAL ORGANIZATION MEMBERSHIPS (applicable to requested credit):

*Certification or other documentation must be attached as Exhibits for Part III, B.

Organization: _____ Position: _____

Office or Special Duties: _____

Additional Types of Participation: _____

C. CONSULTANCIES (applicable to requested credit):*

*Letters of Verification and Evaluation must be attached as Exhibits for Part III, C.

Organization/Agency: _____ Dates: _____

Location: _____

Duties: _____

D. AUTHORSHIP/RESEARCH PROJECTS (applicable to requested credit)*

*Copies of the article or appropriate abstracts must be attached as Exhibits for Part III, D.

Title of Article/Book/Material: _____

Publisher: _____

Date: _____

Description: _____

E. PROFESSIONAL PRESENTATIONS (applicable to requested credit)*

*Letters of Verification or other documentation must be attached as Exhibits for Part III, E.

Presentation: _____

Date of Presentation: _____

Nature of Presentation: _____

Location: _____

PART IV. EVALUATION

FACULTY MEMBER RECOMMENDING:

Name: _____ Date: _____

SUPPORTING COMMITTEE (if necessary):

The following is a general statement of the evaluation of the previously identified experiences for which specific competencies have been identified by the faculty member(s), along with a statement of recommendation.

A. Evaluation of credit request and test score. (Test must be attached to this application.)

Faculty Evaluator's Signature Date

B. Identification of Competencies (Include a separate series for each course.)

C. Recommendations:

	Course Number	Course Title	Semester Hours
1.			
2.			

Department Chair Signature Date

PART V. RECOMMENDATION APPROVAL

Approved: Yes _____ No _____

Chair of Academic Affairs Signature Date

Provost and Vice President for Academic Affairs Signature Date