



## APPLICATION FOR EXPERIENTIAL CREDIT

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