Request for Credit for Professional or Life Experience

Student Name:	Date of Request:
Course Name & No. for which credit is desired:	-
Total credits requested for this class:	_
Please provide the following:	
1. Five page integrated paper describing and you are requesting credit. How does it fit covered in the class for which it is being s	with/apply to what would have been
2. Name of supervisor and contact informati	on.
3. Two written references from supervisor o	r others with whom you worked.
4. Number of hours actually spent in the situ	nation for which you are requesting credit.
5. A copy of the evaluation if you were eval	uated.
6. Finally, you must pass a knowledge equivers for which you want consideration has been not the MBC professor deems appropriate and re-	nastered. This test will take whatever form
Please attach any additional documentation or information committee to consider in making their decision.	mation you would like the Academic
Please note that no more than six (6) credits will be experience. All appeals to this limit require a meetic classes may be excluded from consideration.	
Academic Committee Approval	Date

Registrar/Registrar's Forms