

# CLARENDON COLLEGE CREDIT BY EXPERIENCE APPLICATION

Instructions: Students wishing to apply for Credit by Experience must fill out the below form completely. Forms that are not filled out completely will not be processed. Credit by Experience Applications should be submitted to the Registrar's Office with the appropriate documentation. Once received the applications will be evaluated by the Registrar, Vice President of Instruction and if deemed necessary the appropriate Program Coordinator. Credit will be awarded by the Registrar once the proper approvals have been received on the form. Further information concerning Credit by Experience can be located in the college catalog.

Date: \_\_\_\_\_

**1. PERSONAL INFORMATION:**

Name: \_\_\_\_\_

Student ID or SSN: \_\_\_\_\_ Major: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**2. COURSE FOR WHICH CREDIT IS SOUGHT:**

Course Name & Number \_\_\_\_\_

Course Title: \_\_\_\_\_

**\*\*Credit by Experience will not be entered on the student's academic record at Clarendon College unless the student is officially enrolled for the current semester with a declared major appropriate for the credit. Credit received by examination may or may not transfer to a four year University. Please check with your transfer institution prior to applying for credit.**

**3. INFORMATION ABOUT YOUR WORK EXPERIENCE:**

Awarding of credit will be considered for the following experiences. Please provide the required information for each experience, and attach appropriate documentation for verification purposes.

Previous education related to the course: (schools, dates, and subjects):

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Previous work and military experience relating to the course: (dates, titles, and duties), A copy of your DD214 needs to be attached to this form.

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In-service training relating to the course; i.e., workshops, seminars, on-the-job training: (dates, locations, and topics), Attach copies of any certificates that are relevant to this request.

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Volunteer work experience relating to the course: (dates, locations, duties, and total amount of time)

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Professional certifications, licenses, and credentials: (date of issuance, type and licensing agency), Attach copies of all certificates, licenses and other documents that pertain to this request.

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**STUDENT ASSESSMENT OF EXPERIENCE:**

Please describe on attached page(s) how your experience(s) fit with the content of the Clarendon College course for which credit is sought. Also, attach a copy of the syllabus/outline of the Clarendon College course to be considered.

I have earned academic semester hour course work at Clarendon College:

Yes \_\_\_\_\_ No \_\_\_\_\_

I am currently enrolled in semester hour course work at Clarendon College:

Yes \_\_\_\_\_ No \_\_\_\_\_

**4. REVIEWER SIGNATURES:**

**REGISTRAR:**

Approved  
 Notified student of approval of application      Date: \_\_\_\_\_  
 Denied  
 Returned for additional information

Reason returned: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VICE PRESIDENT OF INSTRUCTION:**

Approved  
 Notified student of approval of application      Date: \_\_\_\_\_  
 Denied  
 Returned for additional information

Reason returned: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PROGRAM COORDINATOR (IF NECESSARY):**

Name: \_\_\_\_\_

Approved  
 Notified student of approval of application      Date: \_\_\_\_\_  
 Denied  
 Returned for additional information

Reason returned: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Remarks:**