



Wayne
County
Community
College
District

**Wayne County Community College District
Credit for Experience
(Experiential Learning)
Application**

Student Data

Student Name: _____ Soc. Sec. # _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Program: _____

Date Submitted: _____

Student's Signature

Course Request Credit for Experience

Course Code: _____

Course Title: _____ Credits Hours: _____

Note: Provide any of the following documentation to help the committee to evaluate your work/training experience: Detailed resume, letters of recommendation or commendation, papers, written list of duties performed or responsibilities, conference reports, advisors and employer on-site visitation reports, demonstrations, personal portfolios, newspaper clipping, workshops or in-service training certificates, drawings, models, computer documents, Any other evidence to help the committee evaluate your work/training experience.

Evaluation Members

Names	Signature	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Associate Vice Chancellor Career/Transfer Approval: _____

Tuition: _____ Credits@1/2 Normal Tuition=\$_____ Received: \$_____

All applications will include a \$10.00 processing fee.

Cashier Stamp All Copies