

**State University of New York
University College of Technology
Canton, NY 13617**

Application for Life Experience Credit

Part I (Completed by the applicant and returned to the School Dean)

A. Date: _____

B. Student's Name _____

C. SUNY Canton ID# _____

D. Curriculum name and number in which student is matriculated:

Name: _____ Number: _____

E. Courses for which applicant seeks Life Experience Credit (e.g., ACHP 101; Refrigeration I; 2 Credit Hours) (Number of credit hours granted cannot exceed 15 for an Associate degree, 30 for a Baccalaureate degree)

Course Number(s)	Course Name(s)	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Total Credit Hours requested (Number granted cannot exceed 15 for an Associate degree, 30 for a Baccalaureate degree) _____

Student Signature: _____ Date: _____

Fee Paid Account # 900568 (\$40 per credit hour) _____ Date: _____

Student Service Center Signature: _____ Date: _____

Student returns receipted original to appropriate academic dean

Copy to registrar

Part II (Completed by the School Dean)

A. Faculty Advisor Assigned: _____

Part III (Completed by the Faculty Advisor after Review Committee evaluation)

A. Courses for which Life Experience Credit is recommended:

Course Number(s)	Course Name(s)	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Total Credit Hours recommended (Number granted cannot exceed 15 for an Associate degree, 30 for a Baccalaureate degree) _____

Faculty Advisor Signature: _____ Date: _____

Part IV (Completed by the School Dean)

A. Courses for which Life Experience Credit is awarded:

Course Number(s)	Course Name(s)	Credit Hours
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Total Credit Hours awarded (Number granted cannot exceed 15 for an Associate degree, 30 for a Baccalaureate degree) _____

School Dean Signature: _____ Date: _____

Fee Paid Account # 900568 (\$40 per credit hour) _____ Date: _____

Student Service Center Signature: _____ Date: _____

Forward receipted original to registrar for distribution to student, advisor, and dean.

Revised 03/14 VPAA