



Request for Credit – Experiential Learning

This form is to be used for any student requesting credit for Experiential Learning/Work Experience. Please note that credit awarded may not be accepted in transfer by other post-secondary institutions.

Part I: To Be Completed by the Student

Student Name (print): _____ RCC ID or SSN _____

Date of Birth: ____/____/____ Phone: _____

Program/Major: _____

Signature: _____ Date: _____

RCC course(s) for which credit is being requested. Specify course prefix, number and title.

Experiential Learning/Work Experience. Describe experiences and competencies gained. List and attach all supporting documentation.

Part II: To be completed by the appropriate Faculty Advisor, Department Head (for course), and Dean (for program).

A. Faculty Advisor:

I have reviewed the student's RCC transcript and determined that prior credit **HAS NOT** been granted for course equivalency.

Signature: _____ Date: _____

B. Department Head(s) for course(s) requested:

I have reviewed the request for credit. My recommendation that credit be granted is noted in the table below.

- Yes: Indicates that I attest the student has demonstrated competence in the course content, thus satisfactorily meeting all learning outcomes for the course.
- No: Indicates that I attest that the student has not demonstrated competence in the course content.

Course Requested	Recommend Credit (Yes/No)	Department Head	Department Head Signature/Date

C. Dean for program.

The following course(s) have been recommended for credit:

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Signature: _____ Date: _____

Part III: To be completed by the Vice President for Learning & Workforce Development Education.

I approve the credit recommended.

Signature: _____ Date: _____

Part IV: Return completed form to the Office of Enrollment Management

Credit recorded.

Signature: _____ Date: _____