The above student requests that the State College of Florida, Manatee-Sarasota conduct assessments and award academic credit for the following experience:

<table>
<thead>
<tr>
<th>ASSESSMENT METHOD</th>
<th>SUBSTITUTION COURSE</th>
<th>CREDIT HOURS</th>
<th>PROGRAM DIRECTOR/ MANAGER INITIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL TRAINING</td>
<td>PREFIX AND NUMBER</td>
<td></td>
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<tr>
<td>AND/OR LICENSURE</td>
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</tbody>
</table>

Student (Print and Sign Name)  Date

AWARD OF CREDIT

The above named student has been assessed in the courses listed and credit should be awarded as indicated. Credit should be awarded with a letter grade of “S”.

Approved by:

Program Director/Manager (Print and Sign Name)  Date

The above named student has registered with the CEL Program. Fees for CEL credit courses are as follows:

Application fee (one time charge): $5.00
Fee per credit hour: $16.00

Application Fee: $5.00
Fee(s) Per Credit Hour: ________ credit hour x $16.00 = $________

Total Amount Paid: $________

Fees for the above assessment have been paid (Account No.: 153020.000)

Cashier’s Signature  Date

The courses and credit hours listed above have been placed on the student’s official transcript.

Record’s Office (Print and Sign Name)  Date