

**STATE COLLEGE OF FLORIDA, MANATEE-SARASOTA**  
**CREDIT FOR EXPERIENTIAL LEARNING**

Date: \_\_\_\_\_ Student ID#: \_\_\_\_\_

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

Last First M.I. No. Street Apt. State Zip

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ Email Address (required): \_\_\_\_\_

**Attach: Educational Background (beyond high school), Military Background, and Work Experience (list only positions which directly relate to the courses you wish to have assessed)**

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

ASSESSMENT METHOD SPECIAL TRAINING AND/OR LICENSURE	SUBSTITUTION COURSE PREFIX AND NUMBER	CREDIT HOURS	PROGRAM DIRECTOR/ MANAGER INTIALS

\_\_\_\_\_  
**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**