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**