

## Request for Credit by Experience Form

Student Name            Phone number

Mailing address

Degree Program            Student ID Number

Course Title, prefix and section number

Course prerequisite(s)

**TO THE STUDENT: Credit by Experience may not be granted if credit has been attempted any other way and all prerequisite(s) must be met.** Documentation must be provided that proves you have met course competencies and have demonstrated knowledge of at least 80% of course content. Schedule a meeting with an instructor qualified to teach this course and review a course syllabus with the instructor to ensure competencies and content knowledge have been met. A syllabus and all other documentation must accompany this request and may become the property of Johnston Community College.

**TO THE INSTRUCTOR:** Please use the course competencies and content as a check list for verifying a student's knowledge &/or skill level. Comments on the syllabus may serve as documentation that the student has met at least 80% of the content. Other documentation may be, but is not limited to portfolios, writing samples, transcripts, certificates or other examples of student generated work appropriate based on individual course requirements.

Instructor's recommendation  Approve  Disapprove

### Signatures required for approval

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Director of Program for Course \_\_\_\_\_ Date \_\_\_\_\_

Dean for Course \_\_\_\_\_ Date \_\_\_\_\_

Dean for Degree Program \_\_\_\_\_ Date \_\_\_\_\_

Vice President of Instruction \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_