



CREDIT FOR LIFE EXPERIENCE APPLICATION

Purpose: To award for learning gained prior to enrollment at La Roche College.

Policy: Under Credit for Life Experience, learning must be related directly to a course offered by La Roche College and appearing in the catalog with the exception of courses listed as Internship, Independent Study, or Direct Research. The total number of credits awarded for life experience shall not exceed 30 credits and shall not be included in the last 30 credits required for residency at La Roche. Each division may limit further the maximum number of credits to be counted towards a major. Experience which could merit credit includes extensive experience in one's work which would relate to a major at La Roche or experience in a given area not related to a major. Exception to this policy may occur only with the permission of the Vice President of Academic Affairs.

STEP I: REGISTRAR

ID# \_\_\_\_\_ Name: \_\_\_\_\_ is applying for Credit for Life Experience the \_\_\_\_\_ 20\_\_ Semester. I verify this student is in good standing and eligible for this process according to the policy listed above.

\_\_\_\_\_  
Registrar's Signature Date

STEP II: STUDENT AND ADVISOR

Cat. No. Course Title Credits

\_\_\_\_\_  
Student's Signature Date

\_\_\_\_\_  
Advisor's Signature Date

STEP III: FINANCE OFFICE

The application fee of \$ \_\_\_\_\_ has been received for Credit for Life Experience.

\_\_\_\_\_  
Finance Office Signature Date

STEP IV: ADVISOR

The advisor will contact the appropriate department chair to establish an evaluation committee.

\_\_\_\_\_  
Advisor's Signature Date

**STEP V: DEPARTMENT CHAIRPERSON**

The Committee to review the portfolio of \_\_\_\_\_ is:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

\_\_\_\_\_ is appointed to convene the committee to examine the portfolio and submit a final grade.

\_\_\_\_\_  
*Department Chairperson's Signature*

\_\_\_\_\_  
*Date*

**STEP VI: PORTFOLIO REVIEW COMMITTEE**

The committee met on (date) \_\_\_\_\_, examined the portfolio of the above name student, and recommends that the following action be taken:

\_\_\_ No credit awarded

\_\_\_ Credits be awarded for \_\_\_\_\_  
*Cat. No. Course Title*

Signatures of all committee members:

Date:

_____	_____
_____	_____
_____	_____

**STEP VII: REGISTRAR**

Received in the Registrar's Office on \_\_\_\_\_.  
*(Date)*

Recorded in the Registrar's Office on \_\_\_\_\_.  
*(Date)*

Copies are forwarded to the Finance Office for billing the per credit fee to the students account.

\_\_\_\_\_  
*Registrar's Signature*

\_\_\_\_\_  
*Date*

After credit is awarded, copies of the credit for life experience application need to be sent to:

- \_\_\_ Registrar's Office
- \_\_\_ Finance Office
- \_\_\_ Department Chair (copy to be included in portfolio)
- \_\_\_ Student file