



I, _____, understand I will be billed for Life Experience credit which **may** be granted based on review of my Life Experience portfolio. I understand that the fee for the portfolio evaluation is \$75 or \$25 if a faculty evaluation is not needed. Also, I understand that there is a \$_____ per credit awarded fee. I understand that Life Experience fees are non-refundable. If I decide that I do not want to accept the Life Experience credits, I agree that the fees above will not be waived.

Name _____ **Date** _____

J-Number _____

Semester applying for Life Experience Credit _____

Campus you are attending: Cattaraugus County or Jamestown (please circle one)