

## **Life Experience Credit Evaluation Form**

(to be completed by the evaluating faculty member)

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

**Student Name:** \_\_\_\_\_

**Student J number:** \_\_\_\_\_

**Total number of credits to be entered on the student's transcript:** \_\_\_\_\_

**Please indicate the JCC course number and number of credits for each life experience credit being awarded to the student. Also, please briefly indicate the basis for awarding this life experience credit by either using the space below or attaching a document to this submission.**

**Transfer Credit Adjustment (required only if Life Experience credit will result in student exceeding 30 transfer credits):**

To remain within the 30-credit transfer limit, please indicate which existing transfer course/credits should be removed or reduced to accommodate the newly approved course:

**Course to be removed or credits reduced:**

\_\_\_\_\_

**We, the undersigned, approve the granting of the above-mentioned life experience credit after review of the student's life experience portfolio.**

**Faculty Evaluator** \_\_\_\_\_

Do you wish to waive the \$50 faculty evaluator fee? (this would reduce the student's bill by \$50).

\_\_\_ Yes \_\_\_ No \*If no, please have the student complete an agreement of payment form (page 2).

**Dean** \_\_\_\_\_

**If signing above by typing names and submitting electronically, please attach this form to an email that copies both of the above parties, as well as the student. Once this form is**

complete, please forward to [registrar@sunyjcc.edu](mailto:registrar@sunyjcc.edu), [lucindawilson@sunyjcc.edu](mailto:lucindawilson@sunyjcc.edu), and [morganfranchina@sunyjcc.edu](mailto:morganfranchina@sunyjcc.edu).

### Life Experience Credit Agreement of Payment Form

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 includes a \$50 portfolio review fee for each evaluation that is completed by a faculty member to determine credits to be awarded within a specific academic area. 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 \_\_\_\_\_

Email address \_\_\_\_\_

Semester applying for Life Experience credit \_\_\_\_\_

Campus Attending: Jamestown \_\_\_\_\_ Cattaraugus \_\_\_\_\_ Online \_\_\_\_\_

Number of Credits Applying For \_\_\_\_\_

Course Subject and Number: \_\_\_\_\_