

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 \$25 administrative fee and a \$50 fee **for each** evaluation that is completed by a faculty member to determine credits to be awarded within a specific academic area. Also, I understand that there is a fee per credit awarded (one-third of current semester credit hour cost). **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 you are attending: Cattaraugus County, Jamestown, Dunkirk or Warren (please circle one)