



Experiential Learning Form

(For students seeking credit for prior learning experiences. Submit along with Prior Learning Assessment Portfolio and relevant documentation)

Student Name: _____ **ID#:** _____ **Sem/Year:** _____ **or STerm:** _____

Course for which credit is being requested *(please complete a separate form for each course):*

Dept	#	Course Name	Credit Hours

Reason/Rationale for request:

This form must be accompanied by a Prior Learning Assessment Portfolio (available on the Academics page of the OCU website at <http://intranet.oak.edu/academics/index.php>) and related supporting documentation for review to occur. A nonrefundable \$100 per credit hour fee will be charged if approved. All experiential learning requests must be submitted prior to the student's final semester or payment period.

Student Signature: _____ **Date:** _____

Advisor/Academic Program Coordinator Signature: _____ **Date:** _____

Subject Matter Expert Signature: _____ **Date:** _____

Provost Signature: _____ **Date:** _____