

**Petition to Request Credit for
Experiential Learning**

To: Dean, Undergraduate Studies

Date _____

Name _____

Campus ID _____

Last First

Address _____

Telephone _____

Street

Major _____

City State Zip

Faculty Advisor _____

Has experiential learning credit been previously requested? _____

If yes, please explain: _____

Number of units requested for 489 _____ . For what are you requesting the units?

General Electives _____ (# of units)

Major _____ (# of units)

General Education _____ (# of units)

Minor _____ (# of units)

Term you want credit for the units: Fall _____ Winter _____ Spring _____

Attach list (most recent first), the places where the experiential learning took place. Include dates, number of hours per week, and the name, title, and phone number of any supervisors. Who will be able to verify the learning you assert in your petition?

Student Signature _____ Date _____

Faculty Advisor _____ Date _____

Department Chair _____ Date _____

Dean, Undergraduate Studies _____ Date _____

Office Use only:

CRN _____

Term _____

Year _____

Dept _____

Course No. _____

Section No. _____