



**Amarillo College
CREDIT BY EXPERIENCE
STUDENT CHECKLIST**

1. Contact specific department to set an appointment with the appropriate course coordinator.
2. Coordinator will discuss with the student the appropriate track for pursuing credit, give the student instructions for applying for Credit by Experience, and give student the *A Credit by Experience Student Check List and Application*, and the course syllabus for the course for which the student is applying for Credit by Experience.
3. Contact the AC Assessment Center at 371-5445 to take the placement test, if applicable, and/or the related leveling exam(s).
4. After receiving testing scores, call the specific course coordinator to receive further directions.
5. Prepare an application form for **each** course identified for academic credit by experience and provide documentation verifying related experiences including, but not limited to, the following:
 - A. Previous education related to the course
 - B. Previous work and military experience, including dates, titled, and job description
 - C. In-service training including dates, topics, certificates, and/or transcripts
 - D. Professional certificates and licenses
 - E. Letters from employers, volunteer agencies, and/or regulatory agencies that support the student's work experience

NOTE: Each application must also include a written justification by the student.

6. The application will need to be routed by the college in the following order:

___ **A. Specific Course Coordinator**

Name:

Office Location:

___ **B. Major Coordinator**

Name:

Office Location:

___ **C. Department Chair**

Name:

Office Location:

___ **D. Division Chair**

Name:

Office Location:

___ **E. Vice President for Academic Affairs**

Name:

Office Location:

Upon final approval, student will receive a letter from the Vice President for Academic Affairs with instructions to pay the fee of \$40 per semester hour (i.e. $3 \times 40 = \$120.00$) at the Assistance Center.

NOTE: See the current Amarillo College catalog for additional information on Credit for Experience.

**Amarillo College
CREDIT BY EXPERIENCE Application**

Date: _____

1. PERSONAL INFORMATION:

Name: _____

Student ID or SSN: _____ Major: _____

Address: _____

City: _____ Zip: _____ Phone: _____

2. COURSE FOR WHICH CREDIT IS SOUGHT:

Course Name & Number: _____

Course Title: _____

Specific Course Coordinator: _____

Major Coordinator: _____

Department Chair: _____

Division Chair: _____

Dean of Instruction: _____

****Credit by Experience will not be entered on the student's academic record at Amarillo College unless the student is **officially enrolled for the current semester** with a declared major appropriate for the credit. **Credit received by examination may or may not transfer to a four year University. Please check with your transfer institution prior to applying for credit.****

3. INFORMATION ABOUT YOUR WORK EXPERIENCE:

Awarding of credit will be considered for the following experiences. Please provide the required information for each experience, and attach appropriate documentation for verification purposes.

A. Previous education related to the course: (schools, dates, and subjects)

B. Previous work and military experience relating to the course: (dates, titles, and duties)

C. In-service training relating to the course; i.e., workshops, seminars, on-the-job training: (dates, locations, and topics)

D. Volunteer work experience relating to the course: (dates, locations, duties, and total amount of time)

E. Professional certifications, licenses, and credentials: (date of issuance, type and licensing agency)

4. STUDENT ASSESSMENT OF EXPERIENCE:

Please describe on attached page(s) how your experience(s) fit with the content of the Amarillo College course for which credit is sought. Also, attach a copy of the syllabus/outline of the Amarillo College course to be considered.

5. I have earned academic semester hour course work at Amarillo College:

Yes _____ No** _____

I am currently enrolled in semester hour course work at Amarillo College:

Yes _____ No** _____

6. REVIEWER SIGNATURES:

SPECIFIC COURSE COORDINATOR:

Approved for completeness of application
 Denied
 Returned for additional information**

Test Score Verification: _____

**Reason returned: _____

Signature: _____

Date: _____

MAJOR COORDINATOR:

Approved
 Denied
 Returned for additional information**

**Reason returned: _____

Signature: _____

Date: _____

DEPARTMENT CHAIR:

Approved
 Denied
 Returned for additional information**

**Reason returned: _____

Signature: _____

Date: _____

DEAN:

Approved
 Denied
 Returned for additional information**

**Reason returned: _____

Signature: _____

Date: _____

ASSOCIATE VICE PRESIDENT:

_____ Approved
_____ Notified student of approval of application Date: _____
_____ Denied
_____ Returned for additional information**

**Reason returned: _____

Signature: _____ Date: _____

VICE PRESIDENT FOR ACADEMIC AFFAIRS:

_____ Approved
_____ Notified student of approval of application Date: _____
_____ Denied
_____ Returned for additional information**

**Reason returned: _____

Signature: _____ Date: _____

REMARKS:
