

## APPLICATION FOR EXPERIENTIAL LEARNING CREDIT OFFICE OF THE REGISTRAR WESTERN KENTUCKY UNIVERSITY

## Instructions:

Consult with your department chair to complete the information below. Both you and your department chair must sign the form. Once completed and signed, your department chair will submit the form to the Office of the Registrar.

Name:				WKU ID:		
	Subject/Ô[ັ¦•^ÁÀ		Course Title		Credit Hours	Fees
		Student Signature:		Tot	als	
		Name:		Date:		
A fee p • \$2	ructure: er credit hour is requ 25.00 for undergradu 50.00 for graduate st		n submission. The fee br	reakdown is as follo	ws:	
Departi	ment Certification of	of Credit:				
		ewed documentation submit sion is consistent with the st				
		Name:				
		Department Chair or Author	orized Representative:			

The Application for Experiential Learning should be filed the semester prior to the completion of the degree program.

Name:

Date: