

Thomas University
Experiential Learning Course Credit
Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Phone (including area code): _____

Please check the appropriate boxes.

- | | | |
|------------------------------|-----------------------------|--|
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | I am enrolled in a Thomas University degree completion program (BSN, BS in Medical Technology) or have transferred into a major program as a junior. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | I have a transfer G.P.A. of 2.0 or better. |
| Yes <input type="checkbox"/> | No <input type="checkbox"/> | I have successfully completed or transferred ENG 101 and ENG 102 |

Please describe your relevant employment. (Applicants must have at least 3 full-time equivalent years of relevant employment.)

My signature indicates that I understand that plagiarism, falsification, or misrepresentation are unacceptable and will result in rejection of the portfolio. I also agree to pay a \$200 fee if my materials merit course credit.

Signature: _____

Date: _____

Submit the completed form to...

Professor James E. Hodges
Thomas University
1501 Millpond Road
Thomasville, GA 31792