

Experiential Learning Credit Request

Office of the Registrar 101 Bresee Hall Hartwick College Oneonta, NY 13820 Tel: 607-431-4460; Fax: 607-431-4260

Please complete this form and return it to the Registrar's Office with all appropriate signatures.

| Name: | Date: | | | |
|--|--|--|--|--|
| Email address: | | Phone (in case of questions): | | |
| Hartwick ID #: | | Date of Birth: | | |
| experiential credit, the ex or elsewhere. The chair o | perience for which credit is sought | | exceed 4 credit hours. For course(s) taken at Hartwick College and the Registrar must approve your | |
| with dates as well as the r | reason(s) you think the experience seeking. The department reviewing | should be considered for Hartwick | . Include duration of the experience College credit. Please indicate the may ask for additional information. | |
| Student Signature | | | | |
| By signing here I confirm | I have read and understand all po | licies and procedures related to this | request | |
| Student's Signature | | | Date | |
| Department Chair S By signing below you ind | | g of credit prior to experiential lear | rning | |
| Department Chair's Sig | nature | Date | # of credits awarded | |
| Registrar Signature By signing below you ind | | g of credit for prior experiential lea | urning | |
| Registrar's Signature | | Date | # of credits awarded | |
| Office Use Only | | | | |
| Processed by: | Date Processed: | Student Accounts Notifi | ed/Date: | |
| Comments: | | | | |