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 TSI Assessment, 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 x 40 = $120.00) at the Assistance Center.

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

Updated on 07/09
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 experience 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)

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
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

**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: ___________________________
VICE PRESIDENT FOR ACADEMIC AFFAIRS:

________ Approved

________ Notified student of approval of application   Date: _______________________________

________ Denied

________ Returned for additional information**

**Reason returned: __________________________________________________________

Signature: _______________________________    Date: ______________________________

REMARKS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________