



This form is to be completed by students requesting to receive college credit for work and/or life-long learning experience not gained at a formal academic institution. One essay must be submitted for each challenged course. **PLEASE TYPE OR PRINT CLEARLY**

PERSONAL DETAILS

Full Legal Name _____
 Last 4 SSN or **APT** ID _____ Date of Birth (mm/dd/yyyy) _____

CONTACT DETAILS

Residential Address _____ City, State, Zip Code _____
 Home Telephone _____ Mobile Telephone _____
 Email Address _____
 * If this is a permanent address and/or phone number change, please mark here:

ACADEMIC PROGRAM

AS Telecommunications Technology AS Electric Power Systems Operations
 AS Renewable Energy

METHOD OF EXPERIENCE AND/OR LIFE-LONG LEARNING

I am requesting that the following experience be reviewed to determine if my work and/or life-long learning may transfer to APT and apply toward my program of study (check all that apply):
 Military Experience – attach DD214 or DD295
 Employment Experience – attach resume or training history (i.e. AUTS)
 Other work and/or life experience(s) – attach any pertinent supporting documents

COURSE CHALLENGE INFORMATION

Course Number: _____ Course Name: _____
 Course Number: _____ Course Name: _____
 Course Number: _____ Course Name: _____
 Course Number: _____ Course Name: _____
 Course Number: _____ Course Name: _____

In order for work and/or life-long learning experience to be evaluated, the following **must** be included with this request:

- For each challenged course, submit a typed essay in 12pt Times New Roman or Arial font explaining how your experiences qualify for college credit and is at least 1 page long.
- Provide a copy of any documentary evidence in support of your challenge with this form.

- Applied Professional Training will retain all submitted documentation.
- If this packet is either incomplete or insufficient, you may be asked to resubmit your Experiential Learning Credit packet.
- If you disagree with the outcome of your Experiential Learning Credit packet, you may submit a formal appeal by writing a comprehensive essay stating the merits of your claim along with further documentation. The APT Credit Evaluation Committee will then review this appeal.

I take full responsibility for the accuracy and validity of the above information and all supporting documentation, All the information that I have provided is true and accurate to the best of my knowledge.

Signature _____ Date _____

Return Experiential Learning Credit Request Form to:	Contact Us:
Applied Professional Training	Phone 800-431-8488
ATTN: Admissions and Records	Fax 888-431-8588
P.O. Box 131717	Website www.aptc.edu
Carlsbad, CA 92013	

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This form may be faxed.

