

ULSTER COUNTY COMMUNITY COLLEGE
CREDIT FOR COLLEGIATE - LEVEL LEARNING EXPERIENCE

NAME: _____ **DATE:** _____

I.D. NUMBER: _____ **PHONE:** _____

LOCAL ADDRESS: _____

Number of Credits already earned at UCCC: _____

Cumulative average at end of the last semester you attended _____

(Check one) Full-Time Student _____ Part-Time Student _____

For what program have you matriculated or do you plan to matriculate? _____

Course for which Credit for CLLE is requested _____

_____ Semester/Year _____

** Why are you requesting Credit for Collegiate Level Learning Experience? _____

**FEE TO BE PAID TO THE BURSAR'S OFFICE: \$100 PER CREDIT HOUR OR MANDATORY
MINIMUM FEE OF \$75 PER COURSE (ATTACH RECEIPT)**

AMOUNT ASSESSED: \$ _____ SIGNED: _____

Final approval rests with the Department to which you are applying:

Approved: _____
Department Chairperson Date

Please follow the set of policies and procedures set up for the granting of Credit for Collegiate Level Learning Experience as stated in the college catalog. (A copy may be obtained from the Dean of Academic Affairs Office)

Date of Assessment _____ Result of Assessment _____

Assessed By: _____

**The student must furnish some evidence to support the reasonableness of his request, such as employment in related areas, independent study, service experience training, correspondence courses, or other pertinent information.