
College of University Studies

North Dakota
State University
Fargo

Morrill Hall 112 231-7014

EXPERIENTIAL-LEARNING CREDIT REQUEST FORM: Number _____^a

Form must be typewritten or electronically entered. (a) Number each experience chronologically. (b) Verification may be documented via letters, income tax forms, etc.

Name _____ NAID _____ Date _____

1. Title held:

2. Organization and its location:

3. Method of verification:^b

4. Dates of activity:

5. Nature of activity (skill levels, duties, responsibilities):

6. In 250 words or more, on an attached page, indicate the college level learning that resulted from number 5 above and articulate the relationship of the learning to the Bachelor of University Studies degree.

7. Total number of credits requested:

8. Of the total number of credits requested (#7), number of upper-division credits requested: