



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 (e.g. AUTS)
- Other work and/or life learning 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: _____

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

1. 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 3 pages long.
2. Provide a copy of any documentary evidence in support of your challenge with this form.

- APT College 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.

By signing my name below, 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:

APT College
 ATTN: Admissions and Records
 1939 Palomar Oaks Way, Suite A
 Carlsbad, CA 92011

Contact Us:

Phone 800-431-8488
 Fax 888-431-8588
 Website www.aptc.edu

