

TRINITY COLLEGE
125 Michigan Ave., N.E.
Washington, DC 20017

SCHOOL OF EDUCATION
GRADUATE EXPERIENTIAL LEARNING CREDIT
PORTFOLIO APPLICATION FORM

Name: _____ Social Security Number: _____

Address: _____

Phone: _____

Master's Degree Program: _____

Advisor Conference Date: _____ Today's Date: _____

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COURSE FOR WHICH CREDIT IS REQUESTED (Maximum of 6 Credits)

Course Title: _____ Course #: _____ # of Credits: _____

Note: A separate application is required for each course for which you are seeking experiential credit.

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PROPOSAL APPROVAL

Briefly describe the professional experiences for which you are seeking experiential learning credit. Please indicate any knowledge, skills or competencies you have acquired which you feel are equivalent to those described in the objectives of the course for which you are seeking credit. Please type your description on a separate sheet and attach it to this application form. NOTE: Approval to work on a portfolio does not guarantee that credit will be awarded upon completion of the portfolio.

_____ Application for permission to proceed with portfolio preparation is approved.

_____ Application for permission to proceed with portfolio preparation is NOT approved.

Advisor's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

EXPERIENTIAL LEARNING FEES 2003-2004:	Application Fee per 3 credit course	\$50
	Experiential Learning Fee per 3 credit course	\$450

*Fees are assessed at time of application and at portfolio submission; all fees are non-refundable even if credit is not awarded. Completed application process and portfolio submission does not guarantee automatic credit for experiential learning. Fees are subject to change without notice. **Experiential Learning credits do not qualify for financial aid***

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PORTFOLIO EVALUATION

Reviewer Assigned: _____ Date: _____

Portfolio Accepted for _____ credits Date: _____

Portfolio Rejected _____ Date: _____

Reviewer's Signature: _____ Date: _____

CC: Registrar, Student File, and Human Resources