Credit for life experience may be granted for courses for which credit cannot feasibly be granted by other means, such as advanced placement, CLEP, credit by examination, or transfer credit. A student may submit a request to petition for credit for life experience to the appropriate academic dean (or designee), who must approve the petition prior to the student's submission of a portfolio documenting professional experience that directly relates to the content of a specific course at Pellissippi State.

The student must meet the College's graduation residency requirement as specified in the college catalog.

Procedure

1. Student prints Credit for Life Experience form from the PLA website (http://www.pstcc.edu/pla), completes the petition section of the form and schedules an appointment with the appropriate academic department dean (or designee).

2. If the dean (or designee) grants approval for the student to proceed, he or she appoints a faculty committee of at least two members, who schedule a meeting with the student to discuss instructions and guidelines for the documentation of the experience to be included in a portfolio.

3. Upon completing the portfolio, the student schedules an interview with the faculty committee to explain or clarify the experience.

4. The faculty committee reviews the documentation, completes the approval form and forwards it, along with the compiled documentation, to the dean for review.

5. Upon approval, the dean forwards the form and materials to the Chief Academic Officer for review. If the request for credit is denied, the dean (or designee) contacts the student.

6. Upon approval, the Chief Academic Officer forwards the form to Records for implementation of the credit and returns all documentation to the department office. Records forwards a copy of the completed form to the department office, files the original form, and notifies the student that credit has been recorded.

Approved: Executive Council, November 25, 1992
Executive Council, March 29, 1993
Editorial Changes, April 20, 1993
Approved: President Allen G. Edwards, September 9, 1997
Approved: President Allen G. Edwards, August 6, 2001
Approved: President’s Staff, December 12, 2005
Approved: President’s Staff, May 15, 2006
Approved: President Allen G. Edwards, May 15, 2006
Editorial Changes, July 2008, July 1, 2009
Reviewed/Recommended: President’s Staff, April 25, 2011
Approved: President Allen G. Edwards, April 25, 2011
Attachment I

CREDIT FOR LIFE EXPERIENCE
PELLISSIPPI STATE COMMUNITY COLLEGE

Student: (Some four-year institutions do not accept transfer credit for life experience.) After completing this form, make an appointment with the appropriate Academic Department Dean for discussion. The department secretary will assist you in making the appointment with the appropriate person.

Date:__________ Name:________________________________ Student ID______________

This is a request to petition for credit through life experience for the following course(s) or other program requirements.

<table>
<thead>
<tr>
<th>Course Prefix and Number</th>
<th>Course Title</th>
<th>Credit Hrs.</th>
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</table>

This course(s) (or credit hours) is required for (AAS, AS, AA or certificate)____________ Degree in ___________________________

Major

Anticipated Graduation Date: ______________________________

Rationale for Request:

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

___________________________________________________________

Request to petition approved by:______________________(Academic Department Dean or designee)

Date__________ Department _____________________________

Faculty Committee assigned for evaluation:

___________________________________________________________

___________________________________________________________

Course Objectives Achieved:
(Attach Course Syllabus)

Date of Oral Interview ______________

Comments (Committee Chair):
Approval:
Faculty Committee
_____________________________________________________ Date _____________
_____________________________________________________ Date _____________
_____________________________________________________ Date _____________
_____________________________________________________ Date _____________
Department Dean ______________________________________ Date _____________
Chief Academic Officer ________________________________ Date _____________
*Records ________________________________ Date _____________

* Records implements credit and returns a copy of the form to the department office.