

**CREDIT FOR LIFE EXPERIENCE FORM  
PELLISSIPPI STATE COMMUNITY COLLEGE**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Course Prefix and Number	Course Title	Credit Hrs.
_____		

This course(s) (or credit hours) is required for (AAS, AS, AA or certificate) \_\_\_\_\_  
Degree in \_\_\_\_\_  
*Major*

Request to petition approved/denied (please circle appropriate response)  
by: \_\_\_\_\_  
(Academic Department Dean or designee)

***If credit is denied, the Academic Dean or designee informs student***

Rationale for Denial \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Department \_\_\_\_\_  
Course Objectives Achieved: Syllabus Attached

Comments (Committee Chair):

Faculty Committee  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Department Dean \_\_\_\_\_ Date \_\_\_\_\_

VP of Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

\* Records \_\_\_\_\_ Date \_\_\_\_\_

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

***Records informs student that credit has been recorded via PSCC email account***