ACCELERATED/EXPERIENTIAL LEARNING REQUEST FORM

The purpose of this application is to help determine eligibility for college credit on the basis of knowledge you have acquired outside the college classroom setting. Learning acquired may be a result of jobs held, foreign country visits, workshops, books read, volunteer work, or a number of other types of experiences. Please NOTE: Only degree and certificate seeking students who are currently enrolled and who have **earned 15 college credits at South Florida State College or its equivalent** are eligible to receive accelerated learning credit.

Please print clearly and fill the form out in its entirety. The completed form must be mailed or delivered to the Registrar’s Office, South Florida State College, 600 W. College Dr., Avon Park, FL 33825. Please address questions to the Registrar at (863) 784-7139

Student Name_________________________________________________________________

SFSC Student ID Number_____________________________  Date of Birth_______________

Address_________________________________City/Zip_______________________________

Telephone Number:  Home__________________Work_____________________

AA_____ AS_____ AAS_____ Program Name_______________________________________

What is your anticipated date of graduation from SFSC?________________________________

In what course(s) are you seeking accelerated learning credit? Please be specific and refer to the SFCC catalog for course names and course numbers. Based on the credits you are requesting, submit documentation or materials for the determination of credit as well as the reason for credit consideration.

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I understand that this is an application for accelerated/experiential learning. All of the information I have provided is true and accurate. I understand that should I be eligible for credit, payment of **$50.00 per course** will be **required prior** to further assessment, and is **non-refundable**. I also understand that the fee assessment DOES NOT constitute the granting of credit.

Student Signature______________________________________________Date_____________

FOR OFFICE USE ONLY:

Fee payment Date:_____________________________