DICKINSON STATE UNIVERSITY

Request for Non-College Coursework Evaluation

Name: _____ **I.D. Number:** _____

Phone: _____ **E-mail:** _____

Date: _____

Semester Enrolled in UNIV 200 _____
(The student must be currently enrolled or have taken it within the past year.)

Amount of Credit Requested and Program in which the 299/499 credit, if approved, would be applied:

_____ _____

For the Faculty Evaluator:
The information assembled in the accompanying portfolio is meant to demonstrate that the student acquired college-level learning in a non-collegiate setting. Students are advised they will receive credit not for their life experiences but for the knowledge of academic theory and concepts and the application skills that their experiences allowed them to gain. You may contact the student for additional information, if necessary.

Attach a list of the learning outcomes from the program noted above for the requested Special Topics credit and, for at least two of those outcomes, provide an assessment of the student's knowledge/skills as demonstrated by their portfolio. Also, please compare the length of time the student has spent on developing outcome related knowledge and skills to credit hour requirements: 1 credit = 45 hours. Finally, the relevance of the knowledge/skills to the program's overall mission should be addressed.

Based on an assessment of the above student's Non-College Coursework Portfolio, I recommend the following award of credit:

Prefix	**Course No.** Circle one: **299/499**	**Course Title**	**Semester Hours**

A recording fee of 50% of regular per semester hour residency tuition (non-refundable, to be paid at the time of registration) will be charged to have Non-College Coursework credit placed on student transcript.

_____
Student Approval Signature Date

_____
Faculty Approval Signature Date

_____
Chair Approval Signature Date

_____
Dean Approval Signature Date