



**NON-TRADITIONAL CREDIT
OR
CREDIT BY EXPERIENCE RECOMMENDATION**

Based upon personal interviews with the student named below, plus verification of information reported by the student, I recommend that credit for the course(s) reflected be awarded:

STUDENT NAME: _____ **EMPLID:** _____

COURSE NO.	COURSE PREFIX	COURSE NUMBER	TITLE	NO. OF CREDITS

NOTE: USE INDIVIDUAL FORMS FOR EACH COURSE, UNLESS RECOMMENDING CREDIT FOR COURSES IN SAME SEQUENCE/PROGRAM.

Basis for Recommendation

Letter of verification, including period and length of service and nature of responsibilities, from appropriate employer should be attached **if** recommendation is based upon job experiences. If prior education or training constitutes part, or all, of the basis for recommendation, appropriate transcripts or documentation should be attached.

The student understands that this is a recommendation only and that, if approved, **credit will not be awarded until he/she has successfully completed 12 or more SWCC semester credits (2.00 GPA, or better) applicable to a specific program of study.**

 Signature - Counselor or Student's Advisor _____
Date

*Advisor please note: Before credit can be applied to student's record, please verify completion of 12 semester credit requirement.

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RECOMMENDATION – INSTRUCTOR WHO TEACHES THE COURSE:

Approval: APPROVED DISAPPROVED

Reason if disapproved: _____

 Signature - Instructor _____
Date

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DIVISION DEAN ACTION:

Approval: APPROVED DISAPPROVED

Reason if disapproved: _____

 Signature - Dean _____
Date