

1101 Sherman Drive, Utica, NY 13501 Phone (315) 792-5336 Fax (315) 792-5698 www.mycc.edu

APPLICATION FOR CREDIT FOR EXPERIENTIAL LEARNING (CEL)

Mohawk Valley Community College grants college credit to enrolled matriculated students for demonstrated knowledge acquired from work experience, non-credit courses, seminar training and workshops. Please refer to the complete Credit for Experiential Learning Policy for details.

Student Name		M# _		
Permanent Home Addres				
Home Phone				
Business Address				
Daytime Phone		Business Email _		
I wish to receive credit for	Course #:	Title:		Credit:
Academic Center		Degree/Certificate	Program	
 I have not taken th The course is offered program 	student and curre is course previous ed in the current M	ntly enrolled in a program a ly at MVCC IVCC catalog and is either of transfer credits in my prog	required o	an elective in my curren
Student Signature				Today's Date
Please submit this	form to the Ass	ociate or Assistant Dea	an of you	r Academic Center
		DFFICE USE ONLY		



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<u> 51EP 1:</u>	To be Completed by the R	egistrar				
Student Name	9	ID#	Term			
Current Major	 ☐ Course not taken before	□ N □ No more than 30 tran	□ No graduation (AW) from this major □ No more than 30 transfer credits count toward program			
Registrar/Ass			Date			
STEP 2:	To Be Completed by the A	cademic Center in which S	tudent is Matriculated			
This course w	rill apply to the matriculated majo	or:				
Course #	Title		Credit			
	course apply? Major Course					
Dean or Asso	c/Asst Dean Signature	Center	Date			
STEP 3:	To Be Completed by the A	cademic Center in which t	ne Course is Housed			
Course #	Title		Credit			
Assigned Fac	ulty Mentor					
Notes						
Dean or Assoc/Asst Dean Signature		Center	Date			
STEP 4:	To Be Completed by the B	usiness Office				
Course #	Title		Credit			
Paid Amount						
Business Office	ce Verification		 Date			



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To Be Completed by the Faculty Mentor (Initial Review) **STEP 5:**

	d the CEL Appli	cation and the student has agreed to sub	mit a narrative	of learning outcomes a
	(Due Date)			
Comments				
Faculty Mentor	Signature			Date
STEP 6:	To Be Compl	eted by the Faculty Mentor (Final F	Review)	
I have reviewe	d the narrative	of learning outcomes and any portfolio.	□ Pass	☐ Fail
Comments				
Faculty Mentor	Signature			Date
<u>STEP 7:</u>	To Be Compl	eted by the Academic Center in wh	nich the Cour	se is Housed
I acknowledge	receipt of facul	ty work and award credit hours	for	
Dean or Assoc/Asst Dean Signature Center				Date
STEP 8:	To Be Compl	eted by the Academic Center in wh	nich Student	is Matriculated
I acknowledge	receipt of notifi	cation of credit awarded (or denied).		
Dean or Assoc/Asst Dean Signature		nature Center		Date
Please at	tach a copy of t	he narrative of learning outcomes satisfice Rosemary Spetka, Registrar, PH		is completed form to
		OFFICE USE ONLY		
CEL Applica	ation	Received By/Date Posted By/Date		

Revised 6/24/14