

Wichita State University
Office of the Registrar

Credit for Life Experience

This form is used for a student to receive college credit for knowledge they previously acquired through life experience. Credit is granted only when a student's learning from life experience duplicates the course content of a WSU course. For more information, visit www.wichita.edu/CPL

Student Name: _____ WSU ID: _____

Phone: _____ Email Address: _____

To Be Completed by the Academic Department:

Credit Authorized

Department/Program	Course	Credit Hours

Instructor Authorizing Credit: (Print) _____

Instructor Signature: _____ Date: _____

****When applicable, there may be a fee charge for the Credit for Life Experience. In these cases, the student below consents to be charged a fee of _____.**

Student Signature: _____ Date: _____

Director Signature: _____ Date: _____

Send completed form to academic.records@wichita.edu