



JOHN JAY COLLEGE
THE CITY UNIVERSITY OF NEW YORK
OF CRIMINAL JUSTICE

APPLICATION FOR EQUIVALENT CREDIT

Completed application and your most recent transcript must be submitted to the appropriate academic department(s) not later than April 15th for the spring semester or November 15th for the fall semester. If you are requesting Equivalent Credit from more than one department, you must file an application for each department.

PLEASE PRINT

Date _____

 Last Name First Name Middle Name Social Security Number

 Address City State Zip Code Telephone Number

 Date of Birth Place of Birth

 Occupation Duties or Assignments

E-mail Address: _____

Identify from the College Bulletin all courses for which you are seeking credit:

<u>Course Number & Title</u> (EX. PSC 101 - INTRO TO LAW ENF.)	<u>Number of Credits</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Did you receive transfer credits from another college? Yes ____ No ____

If yes, indicate number of credits received _____

Credit by examination – list all credits received

CLERP _____

USAFI _____

ADV. PL. _____

**Employment/Job-Related Background Training – list all non-credit course work, formal on-the-job training.
Include title of course and agency involved.**

<u>Position</u>	<u>Employer</u>	<u>Dates of Employment</u>	<u>Dates & Nature of Training</u>
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Life Experience/Job-Related Without Formal Training

<u>Title</u>	<u>Employer</u>	<u>Dates of Employment</u>	<u>Description of Duties</u>
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Personal skills/talents/hobbies (e.g. Community activities, hobbies, travel, creative work.) If necessary, attach an additional page.

Please attach an autobiographical essay.



(Students do not write below this line.)

Departmental Evaluation:

Acceptable: _____

Not Acceptable: _____

Equivalent Credits Awarded for:

<u>Course Number</u> (e.g. PSC 101)	<u>Number of Credits</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Department

Print Name of Evaluator

Print Name of Chairperson

Signature of Evaluator

Signature of Chairperson

Date: _____

**Please return this application and documentation to the student after a decision is reached.*

(Revised July, 2004)