



EQUIVALENT/LIFE EXPERIENCE CREDIT APPLICATION

Equivalent/Life experience credits are college credit granted for student's knowledge attained outside a formal academic setting. Completed application and your most recent transcript must be submitted to the appropriate academic department(s) for approval. If you are requesting equivalent credit from more than one department, you must file an application for each department. After this application is approved by the academic department, the student must submit this application to Jay Express Services with the appropriate fee in cash, check, or money order made payable to John Jay College.

Number of Credits Awarded	<u>Fee</u>	Number of Credits Awarded	<u>Fee</u>
1 to 6 credits	\$25.00	7 to 12 credits	\$50.00
13 to 18 credits	\$75.00	19 or more credits	\$100.00
Part I. II. II		ompleted By the Student	
Part I: Student Information	,	1	
First Name:		Last Name:	
Student ID:		Email Address:	
Address:			
City:	State:	Zip:	
Telephone: ()		_	
Current Occupation:		Duties/Assignment:	
Part II: Course Information			
Please identify from the <u>current</u> Col	lege Bulletin al	ll courses for which you are seeking cre	dit(s).
Course Number & Title (i.e. PSC 101 – Intro to Law Enf.)		Number of Credits	
Did you receive transfer credits from		ge? □ Yes □ No	
If yes, please indicate number of cre	edits		

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COLLEGE OF CRIMINAL JUSTICE	Applicant Name:			
Please complete <u>Part III, Part IV, Part V</u> or all, if applicable.				
Part III: Employment/Job-Related With Background Training				

Please list all non-credit course work, formal on-the-job training. Include title of course and agency involved.

Position	Employer	Dates of Employment	Dates/Nature of Training

Please attach an autobiographical essay along with this completed application.

Part IV: Life Experience/Job-Related Without Formal Training

Please list all experience or informal on-the-job training. Include agency involved and duties assigned that is relevant to the credits applied.

Position	Employer	Dates of Employment	Description of Duties

Please attach an autob Part V: Personal Sk	U I	ong with this con	npleted applicati	ion.	
Please list personal sk consideration for Equi					
Please attach an autob	:l:l				

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Appli	cant Name:		

This Page for Office Use Only

Academic Department:		_
Academic Departmental Evaluation:	□ Acceptable	□ Not Acceptable
Equivalent Credits Awarded for:		
Course Number (i.e. PSC 101)	Number of Credits	
		_
		_
		_
		_
Print Name of Evaluator:		_
Signature of Evaluator:		Date:
Print Name of Chairperson:		-
Signature of Chairperson:		Date:
*Evaluated application and documer reached.	ntation should be return	ed to the student after a decision is
	For Office Use Only	7
Courses and Credits processed by:		Date:
	For Office Use Only	7
Rec'd By:		Date: