

SAM HOUSTON STATE UNIVERSITY

APPLICATION FOR NON-TRADITIONAL EDUCATION CREDIT (NON-MILITARY)

1. Last Name First M.I. Maiden Name Soc. Sec. No.

2. Street Address City State Zip Code Phone Number

3. Occupational specialties for which you wish to receive credit based on your competencies gained through work experience:

4. Does this specialty (do these specialties) or occupation(s) require a license or registration? If so, give name of license or registration, number and state:

5. Education: High School Attended: Name of School City State

6. Did you graduate from high school? If yes, when:

7. Proposed course of study in college: Major Minor

8. Total semester hours of earned college credit: Semester hours received and/or enrolled in Sam Houston State University:

9. Trade School, College, University Attended Dates Degree-Dates

Note: On an attachment, you may wish to describe in-service, company training courses or apprenticeship programs.

10. Are you a member of a labor, technical or professional association or organization that gives ratings or certificates based upon evaluations of its members? If so, list the organization(s) and your rating or certificate. (Submit with this application data, prepared by the organization(s), that describe in detail the criteria used for granting the rating or certification).

11. INSTRUCTIONS: Starting with the present date, list in reverse order all the trade and/or occupational experience. Use a separate line for each employer where you had a regular job. If you were regularly employed by two separate employers at the same time, list the full-time employment on one line and the part-time employment on the following line and check the column provided.

Dates Employed		HOURS PER WEEK	NAME AND ADDRESS OF EMPLOYER	NAME OF EMPLOYER OR IMMEDIATE SUPERVISOR	TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU	PART TIME	FULL TIME
From	To						

** Be specific: List machines operated, skilled work or services performed and supervisory experience (number of workers supervised.) Use additional pages if necessary.

12. Indicate below the names of three persons qualified to speak concerning your occupational experiences: (Not the same references used in your Verification of Work Experience).

NAME: _____ ADDRESS: _____

OCCUPATION: _____ ZIP CODE: _____

NAME: _____ ADDRESS: _____

OCCUPATION: _____ ZIP CODE: _____

NAME: _____ ADDRESS: _____

OCCUPATION: _____ ZIP CODE: _____

You are responsible for sending each of these persons a "Verification of Work Experience" form (Form NEC 102 NM). The completed form is to be returned directly to the Technology Department at Sam Houston State University by the above listed persons.

13. List the Sam Houston State University courses, by number and title, for which you are seeking credit as a result of your military competencies gained through non-traditional experiences (work, inservice, training, etc.).

COURSE AND NUMBER	TITLE

TEACHING CERTIFICATES HELD, IF ANY

REGULAR _____
 List all certificates other than vocational _____ Certificate Nos. _____

VOCATIONAL _____ SUBJECT _____ KIND _____
 Date Issued _____ Temp/Perm _____

 Certificate Number _____ State _____

Additional Comment (Use attachment, if necessary) _____

NOTARY ACKNOWLEDGMENT

_____ COUNTY

I, _____ swear that the above information, to the best of my knowledge, is true.

SIGNED _____
 NAME IN FULL

Sworn to me this _____ day of _____, 19 _____

 Notary's Signature