



**PROFESSIONAL EXPERIENCES CREDIT**

**Approval Form**

Course Number	Course Title	Credits

Total Number of Credits \_\_\_\_\_

Program \_\_\_\_\_

I approve the above courses for Professional Experiences credit. I attest that the student has provided appropriate documentation and that I have reviewed the materials and found them to be sufficient to earn the credits listed above.

\_\_\_\_\_  
Faculty Reviewer

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director of The Graduate School

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Student Approval:**

I accept the approval of the course(s) and credits listed above. I agree that I will pay \$80.00 per (3 credit) course before the credits will appear on my transcript. Information regarding online through the Student Accounts portal will be available as soon as the form is processed.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Student ID

The completed form should be submitted via email attachment to [gradschool@ship.edu](mailto:gradschool@ship.edu).

**FOR OFFICIAL USE ONLY:**

**Student Accounts Processing:**

<b>Signature-Student Accounts</b>	<b>Amount Received</b>
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