SHIPPENSBURG UNIVERSITY
THE GRADUATE SCHOOL

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.

FOR OFFICIAL USE ONLY:

Student Accounts Processing:

Signature-Student Accounts	Amount Received