NWTC CREDIT FOR WORK/LIFE EXPERIENCE

NWTC Student ID_____ Date_____

Name_____ Program_____
Student must be accepted into an Associate degree, Technical degree or Certificate program at NWTC.

Class Title_____ Catalog #_____

Class Credit Value ____ Fee $_____
(Nonrefundable payment required prior to initiating the process.)

Dear Student:

To initiate the process, it is your responsibility to contact the appropriate Divisional Dean/ Associate Dean. Do not register in the class. You must be in good credit standing with NWTC.

I understand that it is my responsibility to provide Northeast Wisconsin Technical College with the appropriate experience verification.

_____
Student Signature Date

OFFICE USE ONLY
Payment Required

Credit Standing Approved ☐

Date_____

Payment Receipt:

Staff Initials: _____

If you have any questions, please contact the appropriate Division.

Upon completion, Instructor must approve/disapprove. Signature of Instructor and Dean/Associate Dean is required. Return the completed form to Student Records/Enrollment Services (SC240), Attn: Grades Dept. Student will be notified via my.NWTC email with regards to status.

Approve_____ **Denied_____**

Instructor Signature _____Date_____

Dean/Associate Dean _____Date_____

Tan: Student Records Yellow: Division Pink: Student

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