

**Adams Campus**  
401 North Main Street  
Adams, WI 53910

**Marshfield Campus**  
2600 West Fifth Street  
Marshfield, WI 54449

**Stevens Point Campus**  
1001 Centerpoint Drive  
Stevens Point, WI 54481

**Wisconsin Rapids Campus**  
500 32nd Street North  
Wisconsin Rapids, WI 54494

Phone: 715.422.5300 Toll-free: 888.575.6782 Fax: 715.422.5561 Web: mstc.edu

## PURPOSE

To provide students a means for earning Mid-State credit based upon previous occupational, military or other life experience. Examples:

- a) A student who was a mechanic in the U.S. Army may be awarded life experience credit for an introductory Automotive Technology course.
- b) A student who was an active member of Toastmasters for several years may be awarded life experience credit for Speech or Oral/Interpersonal Communication.
- c) A student who owns and operates a small business may be awarded life experience credit for an introductory Business Management course.

Proficiency exams have been streamlined into the Credit for Life Experience evaluation process. Challenge exams have been discontinued.

## WORKFLOW

Credit for Life Experience Evaluation Form is available on The Source (Communications/Forms).

The student initiates the process by discussing experience with a counselor, faculty member or Dean/Associate Dean. Upon completion of all outlined steps, the form is forwarded to Mary Adamczak for entry into PeopleSoft and Image Now.

## GUIDELINES

1. The Dean or Associate Dean of General Education determines the award of all general education life experience credit.
2. Credit for Life Experience should be awarded only if the results of the evaluation maintain the integrity of the program.
3. This credit for prior learning option should only be used when life experience closely matches course competencies per the course requested in the Credit for Life Experience Evaluation Form.
4. Credit for Life Experience can be considered in cases where external coursework does not meet Mid-State's Transfer Credit Guidelines.
5. The age of the experience should not be a limiting factor in initiating this process. However, the age of the experience may drive the evaluation methods chosen.
6. The use of more than one method of evaluation is strongly recommended in order to capture the essence of all course competencies.
7. The purpose of the fee per credit is to ensure student commitment to the process and offset cost of evaluating credit.
8. Credits earned at nationally accredited schools can be considered for life experience credit along with other methods of evaluation to determine competency level.
9. Consult with faculty for their expertise on specific evaluation needs.

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The evaluation of Credit for Life Experience is a process by which students earn college credits based upon previous occupational, military or other life experience. A \$90 processing fee for each course to be evaluated is required at the time you submit your portfolio to begin the review process. This is a non-refundable fee, whether credit is awarded or not, and must be paid by the student as directed under Step 3 (Prior Experience Evaluation Fee)

**STUDENT INFORMATION**

|                      |             |             |      |  |
|----------------------|-------------|-------------|------|--|
| Name (please print): |             | Student ID: |      |  |
| Address:             | City:       | State:      | Zip: |  |
| Home Phone:          | Cell Phone: | Email:      |      |  |

**COURSE FOR WHICH STUDENT IS SEEKING CREDIT**

| Catalog Number (xxxxxxx) | Course Title | Credit Value |
|--------------------------|--------------|--------------|
|                          |              |              |

**STEP 1: EXPERIENCE/KNOWLEDGE ACQUIRED (STUDENT COMPLETES)**

Choose from the following how course competencies were achieved:

Employment Experience (attach resume and employment form)

Military Experience (attach military training transcript)

Other Life Experience (describe):

**Student makes appointment with program dean or associate dean for step 2.**

**STEP 2: PRESCREENING FOR PROFICIENCY DETERMINATION (DEAN OR ASSOCIATE DEAN COMPLETES)**

Student communicates with appropriate dean or associate dean regarding course competencies. The dean or associate dean describes information the student must provide to demonstrate proficiency in the course competencies and identifies method(s) of evaluation that will be used to assess competency attainment and proficiency.

Method(s) of Evaluating Proficiency - Consult with program faculty when appropriate.  
 Check all that apply (minimum of two recommended):

Employment Form/Resume  
  Interview  
  Portfolio  
  Project  
  Research Paper  
  Simulation/Demo  
  Written Test

Other (describe):

Does not Qualify for Review (explain):

Justification:

  
  
  
  

|                                   |       |
|-----------------------------------|-------|
| Dean or Associate Dean Signature: | Date: |
|-----------------------------------|-------|

**Dean or associate dean returns form to student for completion of step 3.**

**STEP 3: PRIOR EXPERIENCE EVALUATION FEE**

Student pays a \$90 processing fee for the course for which he or she is seeking credit for. Must pay at campus office and attach the receipt. Fee is non-refundable.

Amount Paid: \$

Campus Office Signature:

Date:

Student returns form and receipt to dean or associate dean and sets up evaluation date/time, if necessary.

**STEP 4: EVALUATION**

At this time, student will participate in predetermined method(s) of evaluation proficiency as indicated in step 2.

**STEP 5: DECISION (DEAN OR ASSOCIATE DEAN COMPLETES)**

- Student was successful in completion of evaluation and is awarded credit.
- Student was unsuccessful in completion of evaluation and will not be awarded credit.
- Explain:

Dean or Associate Dean Name (Please Print):

Dean or Associate Dean Signature:

Date:

Dean or associate dean submits completed form and documentation to Mary Adamczak for entry into PeopleSoft and ImageNow. An email confirming the awardment of credit is sent to the Dean or Associate Dean.

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| STUDENT INFORMATION  |             |             |        |
|--|-------------|-------------|--------|
| Student Name (please print):   |             |             |        |
| Student ID:  |             | Date:       |        |
| Address:   |             | City:       | State: |
| Zip:   | Home Phone: | Cell Phone: | Email: |
| <b>I authorize the employer listed below to release employment information to Mid-State Technical College.</b> |             |             |        |
| Name of Employer:  |             |             |        |
| Student Signature:   |             |             |        |

| EMPLOYMENT INFORMATION (EMPLOYER COMPLETES) |        |        |        |
|---|--------|--------|--------|
| Name of Employer:                           |        |        |        |
| Name:                                       |        |        |        |
| Title:                                      |        |        |        |
| Address:                                    |        | City:  | State: |
| Zip:  | Phone: | Email: |        |

|   |  |                      |  |
|---|--|----------------------|--|
| Employment Start Date:  |  | Employment End Date: |  |
| Position or Title:  |  |                      |  |
| Job Description and/or Responsibilities (please attach if available): |  |                      |  |
| Number of Hours Worked Weekly:  |  | Total Hours Worked:  |  |

|                     |       |
|---------------------|-------|
| Employer Signature: | Date: |
|---------------------|-------|

**Employer returns completed form to student.**