Eckerd College – Program for Experienced Learners Outline of College Level Experiential Learning

This form will help you identify your learning experiences so that you and your advisor can consider whether they could be used for experiential credit. *Please complete the form in its entirety*. Remember to include dates so we may identify how long you have worked in any one professional setting.

As you fill in the form, please keep in mind that Eckerd College will award academic credit for experiential learning through the Program of Experienced Learners, provided the learning is:

- 1. college-level and similar to that taught at institutions such as Eckerd,
- 2. well documented, and
- 3. fits into your overall program.

You may also refer to the *PEL Portfolio* booklet to learn more about how to write a learning statement for your portfolio. You can get additional information from either your academic advisor or the experiential learning assessment coordinator. Examples of student portfolios are also available on the main campus in St. Petersburg.

Date:			
Name:			
City:		Zip Code:	
Work Phone:	Home Phone:		
Cell Phone:			
Email address:			

Please list any significant classroom learning (non-accredited schools, seminars, short courses, etc.). For this learning you should be able to provide a certification, license, or in some cases even a transcript. In-house schooling within your place of employment should also be included here.

Title of Learning	Provider of Learning	Duration	Dates	

Please provide any additional comments relative to the experience listed above:		

In the following section, please list any on-the-job experience you think would meet the criteria for college-level learning. Job titles sometimes help in classifying learning. For experiential credit you should be concerned with learning. Please list jobs that you have held and the specific responsibilities you were assigned and performed. Please do not forget to fill out the information regarding the dates of employment.

Job Title:		
Dates of Employment:	From:	To:
Employer:		
Specific Responsibilities:		
Job Title:		
Dates of Employment:	From:	To:
Employer:		
Specific Responsibilities:		

Job Title:		
Dates of Employment:	From:	To:
Employer:		
Specific Responsibilities:		
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Dates of Employment:	From:	To:
Employer:		
Specific Responsibilities:		

Job Title:		
Dates of Employment:	From:	To:
Employer:		
Specific Responsibilities:		
Job Title:		
Dates of Employment:	From:	To:
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Employer:		
Specific Responsibilities:		
Job Title:		
Dates of Employment:	From:	To:
Employer:		
Specific Responsibilities:		
Job Title:		
Dates of Employment:	From:	То:
Employer:		
Specific Responsibilities:		

In this section, please provide information about your specific involvement in *community activities*. They may include *volunteering* for agencies such as the United Way or the American Cancer Society. We also would like you to list any *church* involvement, *fundraising campaigns* or *political activities* in which you have taken part. Be specific about what you have <u>learned</u> from these activities.

Community Organizations and Volunteering	
Position:	Dates:
Organization:	
Specific Responsibilities:	
Position:	Dates:
Organization:	
Specific Responsibilities:	
Position:	Dates:
Organization:	
Specific Responsibilities:	

Church Activities	
Position:	Dates:
Organization:	
Specific Responsibilities:	
Position:	Dates:
Organization:	
Specific Responsibilities:	
Position:	Dates:
Organization:	
Specific Responsibilities:	

Fundraising Activities	
Position:	Dates:
Organization:	
Specific Responsibilities:	
Position:	Dates:
Organization:	
Specific Responsibilities:	
Position:	Dates:
Organization:	
Specific Responsibilities:	

Political Activities		
Position:	Dates:	
Organization:		
Specific Responsibilities:		
Position:	Dates:	
Organization:		
Specific Responsibilities:		
Position:	Dates:	
Organization:		
Specific Responsibilities:		

Please list other significant experiences and skills in	n the performing arts and foreign languages.
Performing Arts & Music	
Activities:	Dates:
Description:	
Activities:	Dates:
Description:	
Activities:	Dates:
Description:	
Activities:	Dates:
Description:	

Foreign Languages					
Language:					
Level of Competency:					
How was this language acquired?					
Language:					
Level of Competency:					
How was this language acquired?					
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Language:					
Level of Competency:					
How was this language acquired?					
T					
Language:					
Level of Competency:					
How was this language acquired?					

In this section, please list your foreign travel experience. We are especially interested in whether
you lived on the foreign economy and the length of your visit.

Foreign Travel
Place(s):
Dates:
Description of Travel Experience:
Place(s):
Dates:
Description of Travel Experience:
Place(s):
Dates:
Description of Travel Experience

Please complete this section if you have done personal studies or if you have published materials				
Personal Study or Publications				
Comments:				

Military Experience often incorporates training and job-related learning that is considered college level. Please bring your DD214 and a copy of your AARTS or SMART transcript to be evaluated by your advisor. Your transcript can be obtained online for soldiers, reservists, veterans, and members of the Army National Guard at http://aarts.army.mil or by calling (866) 297-4427. Sailors, Marines, and veterans should order their transcripts online at https://smart.cnet.navy.mil or by calling (877) 253-7122.

Branch of Military:		Dates:				
Position:						
Specific Responsibilit	ies:					
Branch of Military:		Dates:				
Position:						
Specific Responsibilities:						
Branch of Military:		Dates:				
Position:		Duces.				
Specific Responsibilities:						
Military Schools and Training:						
Branch	Dates of Training	Title of Course				