

EXPERIENTIAL LEARNING CREDIT - ELIGIBILITY INQUIRY FORM

Experiential Learning Credit: Eligibility Qualifying Form

Candidates submitting this form are initiating a request for Experiential Learning eligibility. To be eligible for Experiential Learning Credit, students must be degree seeking and obtain approval to pursue the experiential learning portfolio submission process.

Experiential Learning Credit Policy for Degree Programs

Experiential Learning Credit refers to life or work experience meeting a particular level of professional industry standard or accomplishment. Upon AMDA's approval, candidates may compile and submit for review an Experiential Learning Portfolio in order to earn credit that may be applied toward their AMDA Degree Program. Credit hours can only be awarded for life or work experience that directly relates to the candidate's program of study.

Should the committee grant eligibility, the candidate would be approved to submit the portfolio. If/When the portfolio warrants credits toward the degree, **PI499 Experiential Credit** course will reflect on the official transcript record.

A candidate requesting approval to submit a complete Experiential Learning Portfolio must first submit this form. The following is also required as part of the submittal:

- Provide an up-to-date performance resume, include links to any performance website and/or casting site (such as Actors Access).

Once submitted, these will be reviewed by the chair of the corresponding program division. The candidate will receive a response within approximately 14 days of the submission date. Results will determine eligibility to move forward with the compilation of a complete Portfolio, following AMDA's Experiential Learning Portfolio Instructions [see Portfolio Experiential Credit Policy at amda.edu].

Candidate Information (Please complete all sections)

First Name: _____ **FIRST NAME** Last Name: _____ **LAST NAME**

Program: _____ **PROGRAM** Semester Level: _____ **SEMESTER LEVEL**

Phone #: _____ **PHONE #** Email: _____ **EMAIL**

Mailing Address: _____ **MAILING ADDRESS**

City: _____ **CITY** State: _____ **STATE** Zip: _____ **ZIP**

Candidate's Signature: _____ **CANDIDATE'S SIGNATURE** **Date:** _____ **DATE**

By submitting this form, I understand this application is solely to determine my eligibility for Experiential credit. LA Students: submit to laregistrar@amda.edu

For Office Use Only:

Division Chair Eligibility Determination: Eligible _____ **ELIGIBLE** Not Eligible _____ **NOT ELIGIBLE**

Evaluator or Division Chair: Print Name _____ **PRINT NAME** Signature _____ **SIGNATURE**

Comments: _____

