FORM: NTEC 101N

SAM HOUSTON STATE UNIVERSITY

APPLICATION FOR NON-TRADITIONAL EDUCATION CREDIT (NON-MILITARY)

1. Last Name  First  M.I.  Maiden Name  Soc. Sec. No.

2. Street Address  City  State  Zip Code  Phone Number

3. Occupational specialties for which you wish to receive credit based on your competencies gained through work experience:

4. Does this specialty (do these specialties) or occupation(s) require a license or registration?  If so, give name of license or registration, number and state:

5. Education: High School Attended:

   Name of School  City  State

6. Did you graduate from high school?  If yes, when:

7. Proposed course of study in college:  Major  Minor

8. Total semester hours of earned college credit:  Semester hours received and/or enrolled in Sam Houston State University:

9. Trade School, College, University Attended  Dates  Degree-Dates

Note: On an attachment, you may wish to describe in-service, company training courses or apprenticeship programs.
10. Are you a member of a labor, technical or professional association or organization that gives ratings or certificates based upon evaluations of its members? If so, list the organization(s) and your rating or certificate. (Submit with this application data, prepared by the organization(s), that describe in detail the criteria used for granting the rating or certification).

11. INSTRUCTIONS: Starting with the present date, list in reverse order all the trade and/or occupational experience. Use a separate line for each employer where you had a regular job. If you were regularly employed by two separate employers at the same time, list the full-time employment on one line and the part-time employment on the following line and check the column provided.

<table>
<thead>
<tr>
<th>Dates Employed</th>
<th>HOURS PER WEEK</th>
<th>NAME AND ADDRESS OF EMPLOYER</th>
<th>NAME OF EMPLOYER OR IMMEDIATE SUPERVISOR</th>
<th>TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU</th>
<th>PART TIME</th>
<th>FULL TIME</th>
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<td>From</td>
<td>To</td>
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** Be specific: List machines operated, skilled work or services performed and supervisory experience (number of workers supervised.) Use additional pages if necessary.

12. Indicate below the names of three persons qualified to speak concerning your occupational experiences: (Not the same references used in your Verification of Work Experience).

NAME: ___________________________ ADDRESS: ___________________________

OCCUPATION: ______________________ ZIP CODE: ______________________

NAME: ___________________________ ADDRESS: ___________________________

OCCUPATION: ______________________ ZIP CODE: ______________________

NAME: ___________________________ ADDRESS: ___________________________

OCCUPATION: ______________________ ZIP CODE: ______________________

You are responsible for sending each of these persons a “Verification of Work Experience” form (Form NEC 102 NM). The completed form is to be returned directly to the Technology Department at Sam Houston State University by the above listed persons.
13. List the Sam Houston State University courses, by number and title, for which you are seeking credit as a result of your military competencies gained through non-traditional experiences (work, inservice, training, etc.).

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<tr>
<th>COURSE AND NUMBER</th>
<th>TITLE</th>
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TEACHING CERTIFICATES HELD, IF ANY

REGULAR

List all certificates other than vocational Certificate Nos.

VOCATIONAL SUBJECT KIND Temp/Perm

Date Issued

Certificate Number State

Additional Comment (Use attachment, if necessary)

NOTARY ACKNOWLEDGMENT

______________________________ COUNTY

I, ____________________________ swear that the above information, to the best of my knowledge, is true.

SIGNED_____________________

NAME IN FULL

Sworn to me this ___________ day of ______________________, 19________

_________________ Notary’s Signature