

TRAINING EVALUATION REQUEST

OLD DOMINION UNIVERSITY • Weekend College and Experiential Learning
138 Gornto TELETECHNET Center • Norfolk, VA 23529
Phone 757-683-6388 • FAX 757-683-6107

Name: _____

SSN: _____ ODU Student: _____ Yes _____ No

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

ODU Campus/TTN site _____

DOCUMENTATION REQUIRED

Adequate evidence of college-level learning must be submitted. You are responsible for providing the information which will clearly illustrate the nature and content of the experience. Training must be at least 35 hours to be equivalent to a three-credit course. All supporting documentation must be clearly labeled and packaged for ease of reading and review by the faculty evaluator.

Title of training: _____

Training provider (organization): _____

Date(s) of attendance: _____ Contact hours of Training: _____

PLEASE ATTACH THE FOLLOWING:

1. Brief statement of how this learning fits into your degree program
2. ODU course equivalent
3. Work resume
4. Proof of training completion: certificates, SMART, AARTS, DD 295 or 214, human resources record with signature
5. Training objectives
6. Evaluation methods: exam, presentation, workplace project, case study, etc.
7. Copy of your transcript (unofficial) from Leo Online

I am requesting that academic credit be considered for distribution in my program as follows:

Course	Credits	Degree Program
_____	_____	_____
_____	_____	_____

GENERAL RESPONSIBILITY: I understand that it is my responsibility to ensure that the credits I earn through a training evaluation request are applicable to my degree program and that I must meet the minimum residency requirements for an undergraduate or graduate degree at ODU. Experiential learning credit does not count toward the residency requirement.

FINANCIAL RESPONSIBILITY: I understand that the tuition charges for training evaluations through experiential learning are subject to the University's tuition policy and that the fee is non-refundable and not subject to financial appeal. Payment is due 24 hours after Training Request Form is submitted. There is a 10% late payment penalty fee after 30 days. There is a 33.33% late payment penalty fee after 60 days.

Signature of Student

Date

OFFICE OF EXPERIENTIAL LEARNING

Date Received: _____ **Date Sent to Department:** _____ **Date Sent to Cashier:** _____