



LIFE EXPERIENCE PROGRAM

Application

1. Date _____
2. Name _____ Student ID H00 _____
3. Address _____
4. Telephone (Work) _____ (Home) _____
5. Date of birth _____
6. Are you matriculated? Yes _____ No _____
7. Degree program _____
8. Expected graduation date _____

9. College courses completed at college(s) other than Hudson Valley Community College (attach additional sheet if necessary):

CLEP _____, Advanced Placement _____, Regents College Examinations _____, DANTES _____

11. Are you enrolled at Hudson Valley Community College this semester? Yes _____ No _____

If YES list course(s) _____
