Early Childhood Assessment Program

FORM B
Workshop Experiential Learning Assessment
Proposal Form for the Building Cultural Connections Train the Trainer Program

Course: Building Cultural Connections in Early Childhood
Number of Credits: 4

Part I. Personal Information

Student Name ____________________________________________

Address ____________________________________________________ MN

Street __________ City __________ State __________ Zip

Home Phone __________________ Work Phone __________________

E-mail address ______________________________________________

Degree focus or major, if known __________________________________

Part II. Course or Workshop Information

Course or Workshop Title: Building Cultural Connections

Course or Workshop Instructor: Nedra Robinson (Lead Instructor)

When and where you completed the course or workshop:

Date: __________ Location: Early Childhood Resource and Training Center

If I am awarded college credits, I would like to receive (please circle one):

grade  pass  no credit

Part III. Previous College Credits

Have you earned any college credits for courses that are similar to the course or workshop for which you are applying for experiential learning credits? If so, please list them below, and attach a copy of your college transcript.

Course Title __________________________________ Number of Credits _______

Course Title __________________________________ Number of Credits _______
Part IV. Signatures

_______________________________________________________________
Student Signature       Date

_______________________________________________________________
ECRTC BCC Program Coordinator Signature  Date

_______________________________________________________________
Psychology Department Faculty                                         Date

For Office Use Only

Department Chairperson or program faculty signature and date:
I give consent to the above student to register for this assessment of prior/experiential
learning.
Signature ________________________________ Date _____________________

If approval is not given, please explain.

---------------------------------------------------------------------Registration
Office:  Subcode # __________ Title ______________________  Date Processed
_____/_____/_____

8-18-04