

Program and Number _____

Location _____

ESSAY OR PROFESSIONAL/TECHNICAL EVALUATION PAYMENT FORM

Name	<input type="text"/>		
	Last Name	First Name	Middle Initial
Address	<input type="text"/>		
	Street	City	State Zip
Student ID	<input type="text"/>	E-Mail Address	<input type="text"/>
Phone No.	(Home) <input type="text"/>	Employer <input type="text"/>	
	(Work) <input type="text"/>		

	Subject Area	Credit Hours
Professional Technical Credit (398)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Title	Credit Hours
Essay Credit (298)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
		<input type="text"/>
		Total Credit Hours

CAPS student \$40 x = \$ _____
Not Refundable Credit Hours

CBASE & GRAD \$50 x = \$ _____
Not Refundable Credit Hours

PAYMENT: A copy of this form **must** be submitted to the Prior Learning office along with your petition for credit. Contact the Cashier's office (316-295-5865) to make payment for these credits. Once payment is received, then credit submissions may be evaluated.

Cashier Signature _____

SAS Signature _____