



**APPLICATION FOR
COMPETENCY EXAM & EXPERIENTIAL CREDIT
2006-2007
School of Education/Brenau University**

Name _____ ID Number _____

Address _____ email _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Major: Early Childhood Middle Grades Special Education

Program: BA/BS degree Certification only

1. Check the course for which you are requesting credit. If you have more than one course to request, you must use a separate form for each course. You must attach a copy of your SDU transcript from school system or RESA to this application.

- () ED 301 Instructional Technology
- () ED 344/345 Reading Concepts /Literacy Concepts
- () SE 300 Teaching Learners with Special Needs

2. Information about your SDU (Remember to attach your transcript):

Credit Hours: _____ Name of School System or RESA: _____

** ED 301 – SDU credit for technology must have program approval by the Georgia Professional Standards Commission.*

3. Where do you wish to take the appropriate competency exam?

() Gainesville

() Atlanta

Applicant's signature

Date

Academic adviser's signature

Date

-----Completed by Brenau Official-----

Exam Date: _____ Exam Location: _____ Passed or Failed: _____

Proctor: _____ Date: _____ (Attach the scoring sheet to this application)

Department Chair: _____ Date: _____