

INTEGRATIVE STUDIES APPLICATION FOR PROFESSIONAL TRAINING CREDITS

*** Please submit a copy of this application form for each training program ***

Last name: _____ **First name:** _____ **Middle:** _____

Social Security #: _____

Mailing address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone: () _____ **Evening Phone:** () _____

Are you currently in attendance at Marist? ____ Yes ____ NO

Major: _____ **Advisor:** _____

An Application for Professional Training Credits requires that the student provide information on the professional training program being reviewed.

Name of Training Program: _____

Names of Courses Completed: _____

Military Training? ____ YES ____ NO **Dates of Attendance:** _____

Contact Information:

Address (if known): _____

Phone: _____ **Contact Person:** _____

In addition to the completion of this application form, the students must supply documentation, which supports the application. . Additional information on possibilities for documentation can be found on the *Prior Learning Review Sheet: Professional Training*. Please submit copies of these documents, not originals.

All materials must be included or the application will be returned to the student for completion. Please submit the completed application with supporting materials to:

Bobbi Kyle, Prior Learning Advisor
School of Graduate and Continuing Education
Marist College
North Road
Poughkeepsie, NY 12601
(845) 575-3800