****

**Request for EXL Certification**

Middle Tennessee State University

Box 247

Murfreesboro, Tennessee 37132

615-898-5542 exl@mtsu.edu

NAME: MTSU ID:

ADDRESS:

CITY/ST/ZIP:

TELEPHONE #: DATE:

EMAIL: MAJOR:

EXPECTED GRADUATION DATE (semester/year):

EXL Classes: Semester Completed:

EXL External Activity (class or volunteer activity completed outside of MTSU):

MTSU Internal Service Activity (Non-paid MTSU leadership role or MTSU sponsored volunteer activities):

Which semester are your requesting to take the EXL Portfolio/EXL 4000 course? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(NOTE: This should be the semester of graduation)**

I understand that it is my responsibility to ensure that the credits I earn are applicable to my EXL Designation.

***Student Signature***  ***Date***