



Transfer of Credit &/or Clock Hours

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

LTC Program: _____

Prior Educational Institution

Postsecondary Institution: _____ Program of Study: _____

City State ZIP Code

Attended

From: _____ To: _____ Did you graduate? Yes No Certificate/Diploma: _____

Did you earn any Industry Certifications?

Yes No

If yes, please list: _____

Courses Completed

| Course Number | Course Name | Grade | Credits/Clock Hours Earned | Credit to Clock Hour Conversion (if applicable) | Approved |
|---------------|-------------|-------|----------------------------|---|--|
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Verified/Approved by:

Print Name: _____ Title: _____

Signature: _____ Date: _____

Received by: _____ Date: _____

Provide approved copies to the following departments: The Office of Financial Aid and Registration.