School Name:

|  |
| --- |
| **Authority for Data Collection:** *Texas Education Code, §132.055* and *Texas Administrative Code, §807.191(c)* |
| **Planned Use of the Data:** This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law. |
| **Instructions:** Complete each item on front and back. If an item is not applicable, write “NA.” If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school’s evaluation of the student’s skills. Attach additional pages as needed. The completed form is to be maintained in each student’s file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges. |

**Student Information**

|  |
| --- |
|  |
| Name: |       | SSN: |       | Date of Birth  (mm/dd/yy): |       |  |
|  |
| Name of Program: |       |  |
|  |  |
| Secondary Education: | [ ]  | High School Diploma | [ ]  | Home Schooled | [ ]  | GED |

**Post-secondary Education**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of School | Name and Location of School | Dates Attended From To MO YR MO YR | Graduated YES NO | Type of Diploma/Degree | Major Field of Study |
| College orUniversity |       |    |    |    |    | [ ]  | [ ]  |       |       |
|  |       |    |    |    |    | [ ]  | [ ]  |       |       |
| TechnicalorVocational |       |    |    |    |    | [ ]  | [ ]  |       |       |
|  |       |    |    |    |    | [ ]  | [ ]  |       |       |
| Other |       |    |    |    |    | [ ]  | [ ]  |       |       |
|  |       |    |    |    |    | [ ]  | [ ]  |       |       |

**Previous Training**

|  |
| --- |
| Identify previous experience and skills that relate to the program curriculum for which you desire credit. |
|       |

# Student Certification

|  |
| --- |
| I certify that all the above information is true and complete. |
|  |   |  |       |  |       |  |
|  | (Signature of Student) |  | (Printed Name of Student) |  | Date (mm/dd/yy) |  |

|  |
| --- |
| **FOR SCHOOL USE ONLY** |
|  | Entrance Test: |       |  |  |
|  |  | (Score) |  |  |
|  |  |       |  |  |
|  |  | (Name and Version) |  |  |

|  |
| --- |
| **School Evaluation of Previous Education and Training** |

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| --- |
| Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years’ experience, and transcript information. |
| **Subject** | **Course Time \*****Hours of Credit** | **Justification of Credit** |
|       |       |       |
|       |       |       |
|       |       |       |
| **Credit / Price Adjustments** |
|  |  | Tuition | Other | Total |  |
| Original Program Length: |       | Hrs\* | Original Cost | $ |       | $ |       | $ |       |  |
|  |  |  |  |
| Less Credit Granted |       | Hrs\* | Less Credit Granted | ($ |       | ) | ($ |       | ) | ($ |       | ) |
|  |  |  |  |
| Adjusted Program Length |       | Hrs\* | Adjusted Cost | $ |       | $ |       | $ |       |  |
|  \*Course Time |  |  |  |
| [ ]  | I certify that all information provided by the student has been evaluated and that the student will not receive credit. |
| [ ]  | I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein. |
|  |   |  |       |  |       |  |
|  | (Signature of Authorized School Official) |  | (Printed Name) |  | Date (mm/dd/yy) |  |

|  |
| --- |
| **Student Acknowledgment *Do not sign below unless the information above is complete and signed by the school official.*** |

|  |
| --- |
| I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that: |
| [ ]  | **I will** receive the above stated credit, or |
| [ ]  | **I will not** receive credit. |
|  |
|  |   |  |       |  |       |  |
|  | (Signature of Student) |  | (Printed Name of Student) |  | Date (mm/dd/yy) |  |

|  |
| --- |
| **\* Course Time** (actual hours): the total hours of time experienced by the student in the course for all types of course time, including classroom, lab andexternship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours varies by school and program, but typically, 100 course time hours is equivalent to about a month of full time school. |
|  *Individuals may receive and review information that TWC collects about the individual by emailing to* *open.records@twc.state.tx.us* *or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX  78778-0001.*  |