

REQUIRED EVALUATION OF PREVIOUS EDUCATION AND TRAINING

Educational Benefits are processed after applicable academic and/or military transcripts from all prior post-secondary institutions or training providers have been evaluated by the program instructor or site director. Please attach all transcripts to the form for instructor/site director to review. Submit the completed form with all transcripts to **Melissa Thornton at melissa.thornton@metrotech.edu**.

Section to be completed by student

APPLICANT NAME: _____ Last four of SSN: _____

Email: _____ Phone Number: _____

Technology Center Career Major: _____

List Prior Education and Training

Education or Training Institution Name/Attach all Transcripts

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

Section to be completed by Program Instructor or Site Director

Evaluation of Education/Training:

Total of Clock Hours required for career major: _____

Source and Justification of prior training accepted: _____

Total Advanced standing credit or transfer hours awarded: _____

Remaining hours to complete for career major: _____

Instructor: _____ Date: _____

Student Acknowledgement 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:

Please Circle one: I will receive the above stated credit, or
I will NOT receive the credit

Student signature _____ **Date:** _____

