Record of Previous Education and Training

Texas Workforce Commission - Career Schools and Colleges

School Name:								
Authority for Data Collection: Texas Education Code, Planned Use of the Data: This form must be used by the training may be evaluated and credit given to the student required by the law. Instructions: Complete each item on front and back. It secondary education, a transcript must be provided. Credit of the student's skills. Attach additional pages as needed the completed form will be given to the student. Credit completed and signed by the school official and the student. Student Information	he school the and to fan ite edit for d. The for pre	ool in provem is nexpere compevious	its entride a recorder apprience oleted educa	irety trecord	o prove of such the such that	vide a rec ch credit te "NA." be grante e maintai ining can	ord by which prevand reduction of production	rogram length/cost as claimed for post- ne school's evaluation t's file. A copy of il this form is
Student Information								
Name:	Date of Birth					-		
Name of Program:								
Secondary Education: High School Dip	ploma □ Home Schooled □ GED				SED			
Post-secondary Education								
Type of School Name and Location of School	Fro MO		ttended T MO		Gradu YES	nated NO	Type of Diploma/ Degree	Major Field of Study
College								
or University								
Technical								
or Vocational								
Other								
Previous Training Identify previous experience and skills that relate to the program curri- Student Certification	culum fo	or whicl	h you de	esire cr	edit.			
I certify that all the above information is true and complete. (Signature of Student)			d Name of					Date (mm/dd/vv)

FOR SCHOOL USE ONLY								
	Entrance 7	Test: (Score)						
		(Score)						
		(Name and Version)						
School Evaluation of Previous Education	and Training							
Instructions: List below the subjects of this program the credit is granted such as skills tests, years' experience.			ification for which					
the credit is granted such as skills tests, years experie	Course Time *							
Subject	Hours of Credit	Justification of Credit						
Credit / Price Adjustments								
Original Decreases Laurathy Harry Original Coast		<u>ther</u>	<u>Total</u>					
Original Program Length: Hrs* Original Cost	p		_ \$					
Less Credit Granted Hrs* Less Credit G	ranted (\$) (\$)	(\$)					
Adjusted Program Length Hrs* Adjusted Cost	t \$\$_		\$					
*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 evalu	nated and that the student has	s been given					
credit for which he/she is entitled as iden	tified herein.		C					
(Signature of Authorized School Official)	(Printed Name)		Date (mm/dd/yy)					
Student Acknowledgment Do not sign belo	ow unless the information	ı above is complete and sigi	ed by the					
school official. I have discussed the above evaluation of my	previous education and tr	raining with the authorized s	chool official					
and acknowledge that:								
☐ I will receive the above stated credit, or								
☐ I will <u>not</u> receive credit.								
(Signature of Student)	(Printed Name of Student)	_	Date (mm/dd/yy)					
* Course Time (actual hours): the total hours of time experie								
externship hours. An hour of course time is e shop training) or internship, within a 60-min								
course time hours varies by school and progr								
Individuals may receive and review information that TWC c	ollects about the individual by ema	uiling to open.records@twc.state.tx.us	or writing to TWC					
Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.								

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PREVIOUS EDITIONS OF THIS FORM WILL NOT BE ACCEPTED