

Lake Technical College
Credit for Prior Training
Evaluation Form

NAME: _____ **PROGRAM:** _____

SOCIAL SECURITY NUMBER: _____ **DATE:** _____

EVALUATION OF THE FOLLOWING AREAS HAVE BEEN COMPLETED (IF APPLICABLE):

TRANSCRIPTS: _____

PRIOR SERVICE TRAINING: _____

PRIOR EDUCATIONAL TRAINING: _____

PRIOR TRAINING WILL BE GIVEN FOR: _____

TOTAL HOURS CREDIT GIVEN: _____

PRIOR CREDIT WILL NOT BE GIVEN BECAUSE:

PRIOR TRAINING IS NOT APPLICABLE TO CURRICULUM REQUIREMENTS

OTHER (PLEASE STATE REASON): _____

Kimberly Frazier, Dean of Student Services Date

Signature of Program Instructor Date

STUDENT SIGNATURE/DATE