|  |  |
| --- | --- |
| **Student Name:** |  |

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**Career-Technical Credit Transfer (CT)²**

**Verification of Course Completion Form**

**Instructions:** Students complete **Part I** of this form and submit it to their career-technical teacher/CTE official to complete **Part II** and **Part III**. To ensure award of credit, all parts of the form and evidence that the student has met all requirements for accessing the credit should be submitted together to each institution of the student’s choice. The Verification of Course Completion Form must be sent by a school official and not submitted by the student.

## PART I: To be completed by the student requesting verification.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Name: |  | Last Name |  | Middle Initial |  |

|  |  |
| --- | --- |
| Date of Birth: |  |

|  |  |
| --- | --- |
| High School Graduation Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address: |  | City, State & Zip: |  |
| Primary Phone: |  | Secondary Phone: |  |
| Email: |  | | |

**Please send this form to the following college/university:**

Not sure if the institution you’re interested in attending offers a similar program? You can check to see where you may be eligible to receive credit by visiting the Transfer to Degree Guarantee site and selecting your program pathway from the program list and the school district you attended.

***DO NOT FORGET TO REQUEST AN OFFICIAL HIGH SCHOOL TRANSCRIPT FROM YOUR ASSOCIATE SCHOOL TO BE SENT TO THE SCHOOL(S) LISTED BELOW!***

|  |  |
| --- | --- |
| Name of Institution: |  |
| College Dept/Office: |  |
| Address: |  |

|  |  |
| --- | --- |
| Name of Institution: |  |
| College Dept/Office: |  |
| Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Student Signature: |  | Date: |  |