

Credit Evaluation Form

Instructions:

Meet with school administration, read the information below for both the student and advisor/faculty sections, and complete and sign the form with your administration. This document must be submitted to the MD Tech's Financial Aid Office.

Requirements:

Both the law and regulations require schools to grant appropriate credit for prior training and experience.

- Prior credit is defined by the U.S. Department of Veterans Affairs as "the amount of credit allowed for previous education, training, and experience; including military training and experience".
- The School Catalog outlines students' required courses in the applicable program of study. The prior credit evaluation form will provide information regarding applicable credit towards a student's program of study. One course credit converts to 15 clock hours.
- Prior Learning Credit awarded toward program completion for a required course must be approved by the Program Director and the Financial Aid Office in order for credit to be awarded. The school does not permit course substitutions.
- This form documents credits approved for use towards a student's program completion.

STUDENT SECTION

Student's Full Name: _____ Program of Study: _____ Program Start Date: _____

Read and Initial:

_____ I certify I received the opportunity to apply Prior Credit to my Program of Study.

_____ I certify I listed all sources of potential transfer credit on my admission application, if any.

_____ I understand if I change my program of study, I must submit a new VA Prior Credit Evaluation Form.

Select one of the two options below:

_____ I **do not** have any prior training records; **or**

_____ I **do** have prior academic transcripts from previously attended colleges/universities/training

Student Signature: _____ Date: _____

SCHOOL ADMINISTRATION SECTION

Program of Study: _____ Program Director: _____ Date of Evaluation: _____

Select one of the two below options:

_____ No prior credit training record to evaluate for the student (no further action required)

_____ Yes prior credit training record to evaluate for the student . List the documentation type, the education provider, and the date training was completed:

Documentation Type	Provider	Date Completed	Attached to this form	# of previous earned credits applicable to current program

Determination:

_____ Course credit will not be processed for this student

_____ Course credit are permitted and have been processed for this student

- Number of credits approved: _____

Program Director Name: _____ Signature: _____ Date: _____