



TRANSFER/ARTICULATED CREDIT EVALUATION

Date:

Student Name: Student ID or SS#:

Mailing Address: Student Phone#:

City: State: Zip Code:

Program of Study:

Type of Degree: AAS Diploma Certificate

Institution(s) Attended:

Student Signature

Date

Note: A grade of a "TR" for transfer credit or "AC" for articulated credit will be posted to the student's academic history for any coursework transferred in.

THIS SECTION TO BE COMPLETED BY REGISTRAR

(Please use OTC course numbers & titles)

Name Of Institution	Course Number	Course Title	Course Grade	Work Ethics	Credit Hours	Term Credit Earned
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No Transfer Credit

APPROVAL

Registrar Signature

Advisor Signature

Date

Date