# Texas Workforce Commission – Career Schools and Colleges Record of Previous Education and Training

**Authority for Data Collection:** Texas Education Code, §132.026, §132.055 and Texas Administrative Code, §807.122(e)(7), §807.191(c)

**Planned Use of the Data:** This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated, and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.

**Instructions:** Complete each item on front and back. If an item is not applicable, write “NA.” If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school’s evaluation of the student’s skills. Attach additional pages as needed. The completed form is to be maintained in each student’s file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

# School Information

School Number:       School Name:

# Student Information

Name:

SSN:

Date of Birth (mm/dd/yy):

Name of Program:

Secondary Education: [ ] High School Diploma [ ] Home Schooled [ ] GED

# Post-secondary Education

Type of School: [ ] College or University [ ] Technical or Vocational [ ] Other

Name and Location of School:

Dates Attended (MM/YR): From      To

Graduated: [ ]  YES [ ] NO

Type of Diploma/ Degree:

Major Field of Study:

# Military Education

Military Occupational Specialty and Program of study (CIP Code):

Military Experience Education or Training:

Program Hours:

Credited Hours:

Proof of Military Education provided:

Justification for not awarding military credit:

# Previous Education

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

# For School Use Only

Entrance Test Name and Version

Score:

**School Evaluation of Previous Education and Training**

List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years’ experience, and transcript information.

Subject:

Course Time \* Hours of Credit:

Justification of Credit:

**Credit / Price Adjustments**

Original Program Length (Hrs):       Original Cost (Tuition): $       Other $       Total: $

Less Credit Granted (Hrs\*):      Less Credit Granted (Tuition):($      ) Other: $       Total: $

Adjusted Program Length (Hrs)\*:       Adjusted Cost: $      Other: $      Total: $

\*Course Time \* Course Time (actual hours): the total hours of time experienced by the student in the course for all types of of course time, including classroom, lab and externship hours. An hour of course time is equivalent to a 50-minute to 60-minute lecture, recitation, class (including a laboratory class or shop training) or internship, within a 60-minute period, or 60 minutes of preparation in asynchronous distance education. Intensity of course time hours vary by school and program, but typically, 100 course time hours is equivalent to about a month of full-time school.

# School Official Acknowledgment

[ ] 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 evaluated and that the student has been given credit for which he/she is entitled as identified herein.

Signature of Authorized School Official:

Printed Name:

Date (mm/dd/yy):

# Student Acknowledgment

Do not sign below unless the information above is complete and signed by the school official.

[ ] I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

[ ] I will receive the above stated credit, or

[ ] I will not receive credit.

Printed Name of Student:

Signature of Student:

Date (mm/dd/yy):

Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.