



Toledo
CAREER INSTITUTE

*Request to Transfer Credits for
Previous Education*

Student Name _____ **Program** _____

I request transfer of credits toward the following course/s at Toledo Career Institute:

1. Course #: _____ Course Title: _____
2. Course #: _____ Course Title: _____
3. Course #: _____ Course Title: _____
4. Course #: _____ Course Title: _____

Credits are requested for the following course/s that I completed previously:

Course#	Course Title	Date Completed	Institution Name	<input type="checkbox"/> Credit <input type="checkbox"/> Contact Hrs. Awarded	Grade Awarded

I am attaching the following:

1. Transcripts mailed directly from the educational institution where completed, or certified transcripts to demonstrate course completion for which credits are sought.
2. Course description/s.

Signature of student: _____ Date: _____

FOR OFFICE USE ONLY/ PROGRAM DIRECTOR ACTION:

Transfer of credits as requested allowed refused partially allowed
Specify:

COPY MUST BE FORWARDED TO REGISTRAR/ FILED IN STUDENT RECORDS