WFT Non-Credit to Credit Transcript Request

Workforce Training Non-Credit Courses

Equating to

Professional Technical Credit Courses

Student Name: _____ Date: _____

Student ID: _____

Non-degree seeking application completed?   Yes ☐   No ☐

Transcript credit for the course indicated below.

Non-Credit Course				
Subject	**No.**	**Title**	**Date of Course**	**WFT Term**

Non-Credit Course				
Subject	**No.**	**Title**	**Academic Term**	**Credits**

_____ Grade if other than P

Workforce Training credit fee submitted? ($10 per credit)   Yes ☐   No ☐

_____   _____   _____
Student Signature/ Date   WFT Director Signature/ Date   Division Chair Signature/Date

INSTRUCTOR INFORMATION

Name: _____ SSN: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Work Phone: _____ Home Phone: _____

For Controller's Office Only

AR Code: WFT ☐   T&I ☐   BTS ☐   Amount: $_____   CO Initials: _____   Date Completed: _____