

LCSC Workforce Training

Non-Credit to Credit Transcript Request

Student Information

Name _____ LCSC Colleague Student ID _____

Phone _____ Email _____

If student is not currently enrolled as a degree-seeking LCSC student, complete and submit the non-degree seeking application available through the LCSC Admissions Office.

Non-Credit Course

Course Title	Course Number	Course Dates	WFT Course	Grade

Credit Course

Course Title	Course Number	Academic Term	Credits

Approvals

Student Signature _____ Date _____

WFT Program Coordinator Signature _____ Date _____

WFT Director Signature _____ Date _____

Division Chair Signature _____ Date _____

Division Chair for WFT to forward form to _____

Original to be retained in student file in Registrar's office. Copies can be retained at WFT/Division Chair's offices.

Official Use Only

Non-Refundable Credit Transfer Fee Paid _____ Date _____

Paid By Cash Check Credit Card

Date Deposited to GL Acct: 11-01-301620-4-1016 _____

Colleague Receipt # _____