

RECORD OF PREVIOUS EDUCATION AND TRAINING

SCHOOL NAME: _____

Authority for Data Collection: Title 38, United States Code, Chapter 36, Section 3676(b)(12)

Planned Use of this 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. It also provides a record of such credit and reduction of program length and cost as required by law.

Instructions: Students receiving VA educational benefits do not have the "option" of having prior credit reviewed. ALL previous education and training must be provided to the school for review. Complete each item on front and back. If an item is not applicable, write "N/A." If credit is being claimed for postsecondary 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 must be maintained in each student's file. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student.

STUDENT INFORMATION

NAME: _____ SSN: _____ DATE OF BIRTH: _____

NAME OF PROGRAM: _____ DATE OF ENROLLMENT: _____

HIGH SCHOOL DIPLOMA: YES NO GED: YES NO

POSTSECONDARY EDUCATION (College, University, Technical or Vocational School, DD-214, and Military Transcripts)

Name of School _____	Location _____
Dates Attended _____	Graduated (Yes or No) _____
Type of Diploma or Degree _____	Major Field of Study _____

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PREVIOUS EXPERIENCE

Identify previous experience and skills that relate to the program curriculum for which you are enrolled.

THIS SIDE TO BE COMPLETED BY THE STUDENT / THE REVERSE TO BE COMPLETED BY SCHOOL OFFICIAL ONCE COMPLETED THIS FORM SHOULD BE KEPT IN THE STUDENT'S FILE.

FOR SCHOOL USE ONLY

School Evaluation of Previous Education and Training

Instructions: List for courses/subjects for which credit is being awarded and the justification for which the credit is granted (skills tests, experience, or transcript information).

Name of Program _____

Course/Subject	Equivalent	Hours of Credit (Credit and/or Clock)	Justification
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Credit / Price Adjustments (Cost per hour is the original cost divided by the original program length)

Original Program Length	_____ (clock hours)	Original Cost	\$_____ (Tuition)
Less Credit Granted	_____ (clock hours)	Less Credit Granted	\$_____
Adjusted Program Length	_____ (clock hours)	Adjusted Program Cost	\$_____

ACKNOWLEDGMENT

STUDENT: 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. I **WILL NOT** receive the above stated credit.

Signature of Student Printed Name Date

SCHOOL OFFICIAL: I certify that all information provided by the student has been evaluated and that 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 listed above.

Signature of Authorized School Official Printed Name Date