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EL PASO COMMUNITY COLLEGE
EL PASO, TEXAS
REQUEST FOR AWARD OF NONTRADITIONAL CREDIT

_____ _____
Last Name First Name MI ID Number

_____ _____
Phone Number Degree/Major Catalog Year

I am requesting evaluation of the following:

- ☐ Military Training
- ☐ Tech Prep High School Articulation
- ☐ Professional Certification (police, fire, health occupation)

for consideration as college credit. I understand that credit awarded cannot duplicate credit previously earned or otherwise awarded. All credit awarded becomes permanent and counts toward financial aid eligibility limits. Appropriate certificates are attached or have been submitted.

_____ _____
Student Signature Date

_____ _____
Admissions & Registration Dept. Date Received

The El Paso County Community College District does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, veteran status, sexual orientation, or gender identity.

July 2012