

# EVALUATION OF PREVIOUS EDUCATION AND TRAINING

Educational Benefits are processed only after this form, completed in full, has been received with applicable academic and/or military transcripts from **all** prior post-secondary institutions or training providers attended. Please submit this form to Kelly Harjo-Cox at [kelly.harjo-cox@metrotech.edu](mailto:kelly.harjo-cox@metrotech.edu). Be sure to retain a copy of this form and all transcripts for your records.

Applicant Name: \_\_\_\_\_ Applicant ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Technology Center Career Major: \_\_\_\_\_

### Prior education and training

Education or training institution name	Transcript attached		
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

To the best of my knowledge, the information that I have provided is accurate and complete.

Applicant: \_\_\_\_\_ Date submitted: \_\_\_\_\_

<b>Evaluation of training/education: To be completed by Technology Center staff <u>ONLY</u></b>	
Total training clock hour required for the career major:	Hours
Enter source and justification of any prior training accepted in the space(s) below:	
Total advanced standing credit or transfer hours awarded:	Hours
Remaining hours to complete the career major	Hours
Instructor: _____	Date: _____