

# Record of Previous Education and Training

## Texas Workforce Commission – Career Schools and Colleges

School Name: \_\_\_\_\_

**Authority for Data Collection:** *Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)*

**Planned Use of the 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 and to provide a record of such credit and reduction of program length/cost as required by the law.

**Instructions:** Complete each item on front and back. If an item is not applicable, write “NA.” If credit is being claimed for post-secondary 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 is to be maintained in each student’s file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges.

### Student Information

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_

Name of Program: \_\_\_\_\_

Secondary Education:     High School Diploma     Home Schooled     GED

### Post-secondary Education

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/ Degree	Major Field of Study
		From		To		YES	NO		
		MO	YR	MO	YR	<input type="checkbox"/>	<input type="checkbox"/>		
College or University						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Technical or Vocational						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		
Other						<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>		

### Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

### Student Certification

I certify that all the above information is true and complete.

\_\_\_\_\_  
(Signature of Student)

\_\_\_\_\_  
(Printed Name of Student)

\_\_\_\_\_  
Date (mm/dd/yy)

