



## PRIOR EDUCATION EVALUATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_

PRIOR TRAINING: ( ) YES ( ) NO

If yes, complete the following sections:

**Name of prior Institution(s):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Prior Military Training(s):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

I UNDERSTAND THAT I AM RESPONSIBLE FOR OBTAINING A TRANSCRIPT OF PRIOR EDUCATION AND TRAINING, PRIOR TO ENROLLING IN MY SELECTED COURSE OF STUDY.

\_\_\_\_\_  
VETERAN'S SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

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I have evaluated prior education and/or training for the above student and award \_\_\_\_\_ clock hours toward his/her current program of study.

\_\_\_\_\_  
SIGNATURE: Administrative or Instructional VP, or Program Director

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

cc: Student's 'VA' File