Lively Technical College

Prior Training and Transfer of Credit & Clock Hours Form

Student Information

Full Name: _____ Date: _____

Student ID: _____ Phone: _____ Email: _____

Program: _____ Enrollment Date: _____

Prior Educational Institution (if Applicable)

Educational Institution: _____ Dates Attended: _____

Address: _____

City *State* *Zip Code*

Courses Completed

Teacher Completion:								
Course Number	Course Name	Credit/Clock Hours Earned	Credit to Clock Hour Conversion (if applicable)	Approval for Credit				
					YES		NO	
					YES		NO	
					YES		NO	
					YES		NO	

Earned Credentials/Certifications

Certification/Credential	Date Earned

Prior Work History

Position/Job Title	Address/Location	Employment Date	Duties/Responsibilities

Instructor Approval

Verified/Approved by: _____ Title: _____

Signature: _____ Date: _____