



Dual Credit Assessment and Permission Form

Student Name: _____ Training Area: _____ Grade: _____

Please list the secondary school where you received credit for education or training related to the program for which you are applying.

High School Name: _____

High School Address: _____

High School City, State, Zip: _____

High School Teacher Name: _____

NOTE: Recommendations for credit cannot be considered without supporting documentation as verification, such as: score sheet from instructor recording testing or demonstration grades and other sufficient documentation. Awarded hours will be based on assessments evaluated by TCAT Shelbyville instructors. Hours may vary according to program.

Student Signature

Teacher Signature

Parent Signature

STOP HERE: DO NOT WRITE IN THE SECTION BELOW (FOR SCHOOL USE ONLY)

RECOMMENDATION:

I have thoroughly evaluated the student's knowledge and skills upon entry into my class and recommend that:

_____ Total credit will be allowed toward completion of the program in the following courses:

_____ Hours _____ Course Code

_____ Hours _____ Course Code

_____ Hours _____ Course Code

_____ Hours _____ Course Code

Assessment Score: _____

(Note: Please list additional course on back if necessary)

_____ I am unable to recommend credit because: _____

Instructor Signature

Vice President Signature

President Signature