



1355 West Highway 10
Anoka, MN 55303

www.anokatech.edu

Transfer of Credit Application Form

Student Name _____ SSN# or Student ID _____
LAST FIRST MI

Address _____
STREET APT. #

CITY STATE ZIP

Transcript to be evaluated is from _____
(Name of other school)

Please Initial

Our Course Number	Transcript Course Number	Grade	Accepted	Denied

Comments _____

Student Signature _____ Date _____

Evaluator's Signature _____ Date _____

Office Use Only:

Credits applied to student transcript on _____ By _____
DATE NAME

Note: Credit cannot be issued until completed form is submitted to the Records Office.

Original/Records Office

Yellow/Student

Copy Pink/Instructor Copy