

# Transfer of Credit Application

ANOKA TECHNICAL COLLEGE  
1355 WEST HIGHWAY 10 • ANOKA MN 55303

Name \_\_\_\_\_ SS#/Tech ID \_\_\_\_\_  
Last First MI

Date \_\_\_\_\_ Program \_\_\_\_\_

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

ATC Course #	Transcript Course #	Grade	Please Initial	
			Accepted	Denied
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

\_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Evaluator's Name \_\_\_\_\_ Date \_\_\_\_\_

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

## **OFFICE USE ONLY**

Credits applied to student transcript on \_\_\_\_\_ (Date) By \_\_\_\_\_ (Name)