OFFICE USE ONLY: Application Fee Paid _____ Per Credit Fee Paid _____ Date _____

CENTER FOR ALTERNATIVE STUDIES AND EDUCATIONAL TESTING
NORTH SHORE COMMUNITY COLLEGE

APPLICATION FOR EVALUATION CREDIT BY CERTIFICATE/LICENSE

EVALUATION CREDIT INFORMATION:

Course # and title: _____ Credits: _____

STUDENT INFORMATION:

Name_____S.S.#_____/_____/_____
last first m.i.

Address _____Tel.#_____
home work

_____Program of Study_____

OFF-CAMPUS TRAINING INFORMATION:

Name of Training Program_____

Name of Company/Agency_____

Address_____Telephone #_____

Name of Contact Person_____Title_____

FEE:

Non-refundable Application Fee of $25.00 and $10.00 per credit. **MONEY ORDER** payable to "North Shore Community College"

SIGNATURES (as required by the Department)**:**

_____ _____
Student Date Alternative Studies Coordinator / Date

_____
Faculty Date

Revised: 4/1/2003