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| Texas Workforce Commission logo | **Texas Workforce Commission**  **Career Schools and Colleges**  **Record of Previous Education and Training** | | | | | | | | | |
| **School Information** | | | | | | | | | | |
| **Authority for Data Collection**: Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)  **Planned Use of the Data**: This form must be used by the school in its entirety to provide a record by which previous education and training may be evaluated and credit given to the student and to provide a record of such credit and reduction of program length/cost as required by the law.  **Instructions:** Complete each item on front and back. If an item is not applicable, write “NA.” If credit is being claimed for post-secondary education, a transcript must be provided. Credit for experience should also be granted, if justified by the school’s evaluation of the student’s skills. Attach additional pages as needed. The completed form is to be maintained in each student’s file. A copy of the completed form will be given to the student. Credit for previous education and training cannot be granted until this form is completed and signed by the school official and the student. If clarification is required, contact Career Schools and Colleges. | | | | | | | | | | |
| School Number: | | | | | School Legal Name (please print): | | | | | |
| **School Physical Address** Country: | | | | | Texas County: | | | | | |
| School Physical Address (Street 1): | | | | | School Physical Address (Street 2): | | | | | |
| City: | | | | | State: | | | | ZIP Code: | |
| Telephone Number:  (   ) | | | | | Fax Number:  (   ) | | | | | |
| Website URL Address: | | | | | | | | | | |
| **Student Information** | | | | | | | | | | |
| First Name (please print): | | | Middle Name (please print): | | | | | Last Name (please print): | | |
| Social Security Number: | | | | | Date of Birth (mm/dd/yyyy): | | | | | |
| Student Mailing Address (Street 1): | | | | | Student Mailing Address (Street 2): | | | | | |
| City: | | | | | State: | | | | Zip Code: | |
| Telephone Number:  (   ) | | | | | Email Address: | | | | | |
| **Program Information** | | | | | | | | | | |
| Name of Program Enrolled: | | | | | | | | | | |
| **Education Information** | | | | | | | | | | |
| List partners, officers, directors, trustees, shareholder, and each shareholder that own at least 10 percent of the total shares of stock (issued and outstanding). | | | | | | | | | | |
| First and Last Name: | | Title: | | Business Entity: | | | Address,City,ZIP Code: | | | Percentage: |
| First and Last Name: | | Title: | | Business Entity: | | | Address,City,ZIP Code: | | | Percentage: |
| First and Last Name: | | Title: | | Business Entity: | | | Address,City,ZIP Code: | | | Percentage: |
| Hierarchy and Notes Areas : | | | | | | | | | | |
| |  | | --- | | **Course of Instruction Information** |   Choose one of the following as your school’s system of measuring a student’s satisfactory completion of the course of instruction. (Check one box only.) | | | | | | | | | | |
| Contact Hours  Quarter Credit Hours  Semester Credit Hours  Lessons (Distance Education-Synchronous)  Lessons (Distance Education-Asynchronous) | | | | | | | | | | |
| **Certification** | | | | | | | | | | |
| The Officer, Principal Owner, or Board Member named below, being duly sworn, testify and state the following: The information in this application, accompanying catalogs, supplements, addenda, and materials is true and correct to the best of their knowledge and belief. The school will be operated in compliance with this application and all legal requirements, including the Statement of Assurances for Career School or College Officer, Principal Owner, Board Member, or Director. Deficiencies will be corrected immediately. Changes to the school’s operation will not be made until TWC approves revisions to this application. The individuals understand that purposely submitting false or misleading information on this application may subject them to a fine, a prison sentence, or both. If all owners/members cannot sign at the same time, you may submit a separate, notarized signature page for EACH owner/member. | | | | | | | | | | |
| Owners/Members Signature:  **X** | | | | | Date:  **X** | | | | | |
| Owner/Member Signature:  **X** | | | | | | Date:  **X** | | | | |
| Owner/Member Signature:  **X** | | | | | | Date:  **X** | | | | |
| **Notary** | | | | | | | | | | |
| State of: | | | | | County of: | | | | | |
| where witnessed. Subscribed and sworn to me this (mm/dd/yyy): | | | | | | | | | | |
| My commission expires: (mm/dd/yyyy): | | | | | | Notary Signature:  **X** | | | | |
| STAMP/SEAL: | | | | | | | | | | |