QUINSIGAMOND
Community College

BASIS FOR AWARD OF CREDIT:

CREDENTIALING APPLICATION

Learning experiences gained in a non-collegiate setting and/or training in institutions not accredited by the American Association of Schools and Colleges

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STUDENT INFORMATION:

Name: _____ ID#: _____

Address: _____
         Street   City   State   Zip

Telephone Number: (_____)_____ Academic Program: _____

Authorized Signature: _____ **Date:** _____
      I have provided official documentation to QCC

Directions:
1. Bring completed application and payment to Payment Center, B65A **(If Applicable)**
2. Bring payment verification to SETC, 272A
3. Complete Registration Form
4. SETC will forward credit authorization to Registrar's office

Total credits _____

Total fees _____._____

Total paid _____

Phlebotomy/EKG Technician - Documented Credential: **Training/Certification**

_____

Specific Training(s): _____

Sponsor: _____

QCC Course #	Course Title	# Credits QCC	Grade
ALH 134	Phlebotomy/EKG Technician	3	

Authorized Signature:_____ Date:_____

NOTE: Please Attach Official Documentation
Attach original application to registration form for Registrar

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Quinsigamond Community College, 670 West Boylston Street, Worcester, MA 01606
***Student* Employment & Transfer Center 272 Administration Building, (508) 854-4439**

Updated: 7-2013