

School Name: ANNE KING'S HYPNOSIS TRAINING

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.

Student Information

Name: _____ SSN: _____ Date of Birth: _____

Name of Program: _____

Secondary Education: High School Diploma Home Schooled GED

Post-secondary Education

Type of School	Name and Location of School	Dates Attended				Graduated		Type of Diploma/ Degree	Major Field of Study
		From	To		YES	NO			
		MO	YR	MO	YR				
College or University									
Technical or Vocational									
Other									

Previous Training

Identify previous experience and skills that relate to the program curriculum for which you desire credit.

Student Certification

I certify that all the above information is true and complete.

(Signature of Student – *In Blue Ink*)

(Printed Name of Student)

(Date)

FOR SCHOOL USE ONLY

Entrance Test: _____ <div style="text-align: right;">(Score)</div> _____ <div style="text-align: center;">(Name and Version)</div>

School Evaluation of Previous Education and Training

Instructions: List below the subjects of this program for which credit is given, the hours of credit granted, and the justification for which the credit is granted such as skills tests, years' experience, and transcript information.

Subject	Clock Hours of Credit	Justification of Credit
<u>NOT APPLICABLE</u>		

Credit / Price Adjustments

			<u>Tuition</u>	<u>Other</u>	<u>Total</u>
Original Program Length:	_____ Cl. Hrs	Original Cost	\$ _____	\$ _____	\$ _____
Less Credit Granted	(_____) Cl. Hrs	Less Credit Granted	(\$ _____)	(\$ _____)	(\$ _____)
Adjusted Program Length	_____ Cl. Hrs	Adjusted Cost	\$ _____	\$ _____	\$ _____

- I certify that all information provided by the student has been evaluated and that the student will not receive credit.
- I certify that all information provided by the student has been evaluated and that the student has been given credit for which he/she is entitled as identified herein.

_____	_____	_____
<small>(Signature of Authorized School Official – <i>In Blue Ink</i>)</small>	<small>(Printed Name)</small>	<small>(Date)</small>

Student Acknowledgment

Do not sign below unless the information above is complete and signed by the school official.

I have discussed the above evaluation of my previous education and training with the authorized school official and acknowledge that:

- I will receive the above stated credit, or
- I will not receive credit.

_____	_____	_____
<small>(Signature of Student – <i>In Blue Ink</i>)</small>	<small>(Printed Name of Student)</small>	<small>(Date)</small>

Completed forms, inquiries, or corrections to the individual information contained in this form shall be sent to the TWC Career Schools and Colleges, 101 East 15th Street, Room 104T, Austin, Texas 78778-0001, (512) 936-3100. Individuals may receive and review information that TWC collects about the individual by emailing to open.records@twc.state.tx.us or writing to TWC Open Records, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001.