Record of Previous Education and Training

Texas Workforce Commission - Career Schools and Colleges

School Name: ANNE KING'S HYPNOSIS TRAINING											
Authority for Data Collection: Texas Education Code, §132.055 and Texas Administrative Code, §807.191(c)											
training may required by th Instructions: secondary edi- of the student the completed	be evaluated anne law. Complete eacucation, a transce's skills. Attactl form will be g	This form must be used by a d credit given to the studenth item on front and back. It cript must be provided. Cript additional pages as needed iven to the student. Credit school official and the student.	nt and t If an ite edit for ed. The t for pre	o provem is recompectation	ride a not apprience pleted educa	record blicabl shoul form tion a	l of sude, writed also is to bund tra	te "NA. be gran e mainta ining ca	" If credit is being ted, if justified by ained in each stude annot be granted u	f program length/cost as ng claimed for post- y the school's evaluation dent's file. A copy of until this form is	
Student In	formation										
								Date of	Date of Birth		
Name:	Name:			SSN:						(mm/dd/yy):	
Name of Pa	rogram:										
Secondary	Education:	☐ High School Di	ploma	l		Hor	ne So	chooled	i 🗆	GED	
D 4		·•									
Type of School	dary Educat	nd Location of School	1 1	Dates A	ttended		Grad	untad	Type of Diploma	/ Major Field of Study	
Type of School	Name a	nd Location of School		om YR		o YR	YES	NO	Degree	Wajor Field or Study	
College			IVIO	IK	MO	TK					
or											
University											
Technical or											
Vocational											
Other											
Previous T		ills that relate to the program curr	iculum fo	or which	h you de	esire cro	edit.				
Student Co		on is true and complete.									
(Signature of Student) (Printed Name of Student)							Date (mm/dd/yy)				

FOR SCHOOL USE ONLY						
	Entrance	Test:				
		(Scot	re)			
		(Name and Version)				
School Evaluation of Previous Education a	O					
Instructions: List below the subjects of this program the credit is granted such as skills tests, years' experies			e justification for which			
Subject	Course Time * Hours of Credit	Justification of Credit				
Credit / Price Adjustments	Tuition (<u>Other</u>	Total			
Original Program Length:Hrs* Original Cost	\$\$		\$			
Less Credit GrantedHrs* Less Credit Gr	ranted (\$) (\$_) (\$)			
Adjusted Program LengthHrs* Adjusted Cost	\$\$		\$			
*Course Time I certify that all information provided by a credit. I certify that all information provided by a credit for which he/she is entitled as idented.	the student has been evalu					
(Signature of Authorized School Official)	(Printed Name)		Date (mm/dd/yy)			
Student Acknowledgment Do not sign belo school official. I have discussed the above evaluation of my and acknowledge that:						
☐ I will receive the above stated credit, or ☐ I will not receive credit.						
(Signature of Student)	(Printed Name of Student)		Date (mm/dd/yy)			
* Course Time (actual hours): the total hours of time experied externship hours. An hour of course time is easien shop training) or internship, within a 60-minu course time hours varies by school and programmer.	quivalent to a 50-minute to 60-minute period, or 60 minutes of prepar	nute lecture, recitation, class (incration in asynchronous distance e	luding a laboratory class or ducation. Intensity of			

Page 2 of 2
PREVIOUS EDITIONS OF THIS FORM WILL NOT BE ACCEPTED

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.