

Name: _____
Last First MI

Date: _____

Student XID Number: _____

Veteran: Yes No

Address: _____

Phone: Home: _____

Work: _____

Cell: _____

I wish to transfer credit from:

Institution: _____

Student's Signature

Date

Prior to credit being awarded, the student must:

- be currently enrolled at LSCC;
- have successfully completed nursing program prerequisites;
- have received official acceptance into the Nursing Program;
- have met all Florida Community College entrance requirements;
- have a copy of official LPN or Paramedic transcripts on file in the LSCC Registrar's Office and
- have successfully completed all remedial course work, if required.

A certified copy of LPN or Paramedic license must be attached to the Request Form.

Based on the terms of the LSCC/LTC Articulation Agreement, please award the following credits:

Course Number and Name

Credit Hours

Elective LPN Bridge Credits _____

Approve Disapprove

Nursing Program Director

Date

Approve Disapprove

Dean, Business & Technologies

Date

FOR OFFICIAL USE ONLY

Evaluated by: _____ / _____ Entered by _____ / _____ Checked by _____ / _____
Initials date Initials date Initials date

NOTE: *All articulation credit(s) will be accepted according to current college policy.*