

## COURSE CREDIT FORM – EMT PARAMEDIC LEVEL (SCHOOL OF EMS MOU)

TO: Vice President for Instruction

FROM: <u>HSC Provost</u> DA <sup>-</sup>	ГЕ:	_ STUDENT NAME:		
TVIN: PHONE#:		CAMPUS LOCATION:		
CURRENT MAJOR: Paramedic - EMS		CAT YEAR:*		
Transfer/Articulated/Substituted Credit**		Requested TVCC Course	Information	Admissions & Records
Course Prefix & Number	Course Title	Course Prefix & Number to be placed on transcript	Credit Hours	Initials and Date of Entry
Completion of EMT Paramedic Program at non-accredited program (School of EMS) + current EMT Paramedic Certification		EMSP 1501	5	
		EMSP 1160	1	
		EMSP 1338	3	
		EMSP 1356	3	
		EMSP 1261	2	
		EMSP 1355	3	
		EMSP 2444	4	
		EMSP 2461	4	
		EMSP 2434	4	
		EMSP 2330	3	
		EMSP 2462	4	
		EMSP 2143	1	
of completion records (transcrip general education courses for th degree at TVCC with a 2.0 GPA of through articulation. * Credit will be awarded and	ot); b) current certified ne AAS EMS degree (2: or higher; e) pay the ar applied only to major (de ining credit intended for	medic level courses at non-accred EMT Paramedic (copy of TDHHS 3 credit hours); d) complete at lea ticulation fee. Thirty-seven (37) s egree/certificate) noted above. articulation (include other forms) mu	certification); c) cor ast 15 semester hou emester hours of cr	nplete all of the rs in the AAS EMS edit may be awarded
Student Signature:		Date:		
Please make this request a part of	of my permanent TVCC	Crecord.		
HSC Provost Approval:			Date:	
VPI Approval:		Date:		
Attach current degree plan to form.EMT-ParamedicDecember 2019After approval signatures, send to Admissions & Records for final processing.				