



**COURSE CREDIT FORM – PARAMEDIC TO ADN TRANSITION PROGRAM**

TO: Vice President for Instruction

FROM: HSC Provost

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ TVIN: \_\_\_\_\_

PHONE#: \_\_\_\_\_ CAMPUS LOCATION: \_\_\_\_\_

CURRENT MAJOR: Paramedic to ADN Transition Program CAT. YEAR: \_\_\_\_\_\*

Transfer/Articulated/Substituted Credit**		Requested TVCC Course Information		Admissions and Records
Course Prefix & Number	Course Title	Course Prefix & Number to be placed on transcript	Credit Hours	Initials and Date of Entry
<b>Completion of Paramedic Program from Non-accredited College or School</b>		EMSP 2444	4	
		EMSP 1355	3	
		EMSP 2434	4	
		EMSP 2143	1	

Requirements: Successful completion of paramedic program; current license or certificate to practice as paramedic in Texas; and completion of at least 12 semester hours in the AAS Transition Nursing degree.

\*Credit will be awarded and applied only to major (degree/certificate) noted above.

\*\*All official transcripts containing credit intended for articulation must be received and evaluated by the Registrar’s Office prior to approval.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please make this request a part of my permanent TVCC record.

Provost Approval: \_\_\_\_\_ Date: \_\_\_\_\_

VPI Approval: \_\_\_\_\_ Date: \_\_\_\_\_

*Attach current degree plan to form. Associate Degree Nursing Transition Program  
After approval signatures, send to Admissions and Records for final processing*