



### COURSE CREDIT FORM - LVN to ADN TRANSITION PROGRAM

TO: Vice President of Instruction

FROM: HSC Provost

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

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

TVIN: \_\_\_\_\_

PHONE#: \_\_\_\_\_

CAMPUS LOCATION: \_\_\_\_\_

CURRENT MAJOR: LVN 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
<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Completion of Vocational Nursing Program from Non-accredited College or School</b> </div>		VNSG 2510	5	
		VNSG 1409	4	
		VNSG 1231	2	
		VNSG 1119	1	

Requirements: Successful completion of vocational nursing program; current license to practice vocational nursing in Texas or compact state (LVN); 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*