



COURSE CREDIT FORM – PARAMEDIC TO ADN TRANSITION PROGRAM

TO: Vice President for Instruction

FROM: Helen Reid

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
Completion of Paramedic Program from Non-accredited College or School		EMSP Electives needed for Paramedic-to-ADN Transition Program	12	

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: _____