



COURSE CREDIT FORM - LVN to ADN TRANSITION PROGRAM

TO: Vice President of Instruction

FROM: Helen Reid

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
Completion of Vocational Nursing Program from Non-accredited College or School		VNSG Electives needed for LVN-to-ADN Transition Program	12	

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: _____