File # _____
Counselor _____

APPLICATION FOR CERTIFICATION
MINNESOTA TRANSFER CURRICULUM

Return completed form to Counseling, C1038

STUDENT I.D. # OR **SOCIAL SECURITY #**

NAME

First Middle or M. I. Last

Address _____ Phone (Home) (_____) _____
Street

_____ Phone (Cell/Wk) (_____) _____
City State Zip

I authorize Normandale to make this my permanent address. ☐ Yes ☐ No Email: _____

Signature _____ Date _____

Expected Term of MnTC Certification: FALL SPRING SUMMER 200____

1. Have you or are you transferring credits from another institution that will count towards certification? ☐ Yes ☐ No

   If yes, which institution(s)? _____ Final Term (Year/Term) _____

2. Are there any courses <u>in progress</u> at another institution that you will count towards certification? ☐ Yes ☐ No

   If yes, which institution _____ Final Term (Year/Term) _____

   and what courses? _____

(It is your responsibility to assure that other institutions send official transcripts <u>with final grades posted</u> directly to the Normandale Records Office prior to submission of this request)

3. If transcripts are under a former name, please list name: _____

(OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE)

PRELIMINARY CERTIFICATION Term of Cert _____

☐ Can all requirements be met by the end of this term? (_____/_____)
Term Year

See attached Degree Audit (DARS) for requirement details and status.

Other requirements: _____

_____

_____ **Evaluated, No problems**: This student can reasonably expect to complete all requirements at the end of this term.

_____ **Evaluated with problems**: _____

_____

_____ **Rejected**. This student can not complete all requirements by the end of this term. Reason: _____

_____

Evaluator: _____ Date: _____

FINAL CERTIFICATION Term of Cert _____

☐ Yes ☐ No GPA 2.0 or higher _____

☐ Yes ☐ No All necessary course requirements are completed.

☐ Yes ☐ No This student has met all other MnTC requirements.

☐ **Approved** ☐ **Rejected** _____

_____

Evaluator _____ Date _____

Records Office processing:

Date recorded on permanent record _____

Admin. 617 (4/08)