ASNUNTUCK COMMUNITY COLLEGE
Application for Transfer Credit

Name ___________________________ Student ID #/SSN # ___________________________ 
Street Address ________________________ Maiden Name ___________________________ 
City, State, Zip ________________________ Phone ___________________________

Instructions: Please check the degree or certificate program you wish to have transfer credit evaluated towards.

Associate Degree Programs:
___ Accounting
___ Business Administration
___ Communications
___ Communications Broadcasting
___ Communications Journalism
___ Criminal Justice
___ Early Childhood Education
___ Engineering Science
___ General Studies
___ Human Services
___ Information Systems Technology
___ Liberal Arts (AA)
___ Liberal Arts/Fine Arts (AA)
___ Technological Studies
___ Tech. Studies: Electro-Mechanical/Maintenance
___ Tech. Option
___ Tech. Studies: Lean Manufacturing Supply Chain Management Option
___ Tech. Studies: Machine Technology Option
___ Tech Studies: Manufacturing Electronic & Controls Technology Option
___ Tech Studies: Manufacturing Welding Technology Option

Certificate Programs:
___ Accounting Assistant
___ Advanced Manufacturing Welding Technology
___ Business Administration
___ Child Development Associate (CDA Training)
___ Community Based Corrections
___ Computer Aided Drafting
___ Early Childhood Administration
___ Early Childhood Education
___ Entrepreneur
___ Gerontology
___ Health Career Pathway
___ Human Services Management
___ Lean Manufacturing
___ Manufacturing Electro-Mechanical Maintenance Technology
___ Machine Technology, Level I & II
___ Manufacturing Electronics Fundamentals
___ Manufacturing Electronics Systems & Controllers
___ Manufacturing Welding Technology Fundamentals
___ Marketing
___ Office User Specialist
___ Publications
___ Software Development
___ Supply Chain Management
___ Team Leader Management Skills in Manufacturing
___ Team Leader Technical Skills in Manufacturing
___ Web Designer

OTHER: __________________________________________

Previous Colleges Attended: It is your responsibility to request that an official transcript be sent to the Asnuntuck Community College Admissions Office from each college previously attended.

Name of College(s) to be evaluated: ___________________________ Dates of Attendance: ___________________________
__________________________________________________________________________
__________________________________________________________________________

Signature ___________________________ Date ___________________________

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