

COLLEGE OF EASTERN IDAHO ADVANCED OPPORTUNITIES
TECHNICAL COMPETENCY CREDIT REQUEST FORM
REQUIRED

(For office use only)

Pd. \$ _____

*Full Name: _____
 Last First Middle Other

*Address: _____
 Number and Street City State Zip Code

*Phone: _____ Cell Phone: _____

*Social Security Number: _____ *Date of Birth: _____

*High School: _____ *High School Grad Year: _____

***Student Signature:** _____ **Date:** _____

CEI COURSES TO BE TRANSCRIBED					
Date of HS course completion	CEI Course #	CEI Course Name	# of Credits	Total Cost for Course	Date credit eligibility expires before transcribing
				= \$	
				= \$	
				= \$	
				= \$	
				Total \$ <small>(One Time Charge Only)</small>	

*Payment Method: Cash Check Check # _____

Credit Card

_____ / ____ / _____ / ____ - ____
Name on the card Card # 3-digit Security code Card Type Exp. Date

(March 2016 State Board of Education policy requires students enroll or be enrolled at CEI at the time they request TCC credit.) I hereby request a copy of my College of Eastern Idaho transcript for my personal records.

Signature: _____

Please return to: **(To protect private student information - No Fax or Email requests allowed)**
 Transition Coordinator – Tonya Tracy
 College of Eastern Idaho
 1600 S. 25th E.
 Idaho Falls, ID 83404

(For office use only)

Date Transcript Request Received _____ Date Transcript Mailed _____

Date Money Received _____ Payment Type _____ Amount _____ POS# _____

Date to Registrar: _____ Date to Transcriptionist: _____

Checked CATEMA / Skillstack _____

Steps for Admission to CEI

Complete and turn in the **Application For Admissions** if you are going into a Degree / Certificate seeking program. (There is a \$15.00 non-refundable fee for the application.)

1. Submit placement scores, i.e. SAT, ACT.
2. **Take Placement test** – There is an additional non-refundable fee for the placement test that can be paid in the cashier's office – Room 327

Contact CEI Testing Center

Room 350, Christofferson Building

Call to schedule an appointment to test – (208) 535-5438

Monday 1-8pm

Wednesday 1-8pm

Friday 8am-1pm

Required At Testing:

- Copy of your receipt
- A valid Picture ID
- No Calculator and no children

3. **TAKE PROGRAM SPECIFIC TESTING** (See Advisor for more information)
4. **Have TRANSCRIPTS sent from last High School / GED attended (Must be an official copy in sealed envelope sent electronically directly from your school.)**
5. **Have TRANSCRIPTS sent from all previous attended Colleges (Must be an official copy in sealed envelope sent electronically directly from your school.)**
6. Make an appointment with a **COUNSELOR** at (208) 524-3000
 - **Medical Programs** – Justin
 - **Non-Medical** – Becca Franco
 - **Undecided** – Center for New Directions (208) 535-5363

To apply for **FINANCIAL AID** visit our website at <http://www.eitc.edu/financial-aid>

Financial Aid Priority Dates

- Fall Term: June 1
- Spring Term: November 1
- Summer Term: February 1