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# Office of Admissions, Records & Registration

629 Industrial Park Avenue • Asheboro, NC 27205  
336-633-0200 • www.randolph.edu

## Request for Credit – Military Service

This form is to be used for any student requesting credit for Military Service. An Official Joint Services Transcript is required. Please note that credit awarded may not be accepted in transfer by other post-secondary institutions.

### Part I: To Be Completed by the Student

RCC ID # \_\_\_\_\_ and/or SS # \_\_\_\_\_

Student Full Name (print): \_\_\_\_\_

Program/Major: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RCC course(s) for which credit is being requested.** Specify course prefix, number and title.

**Military Service.** (An Official Joint Services Transcript is required. List all Courses and Occupations to be reviewed for credit. Attach all Course/Occupation exhibits from the ACE Military Guide website. <http://www.acenet.edu/news-room/Pages/Military-Guide-Online.aspx> )

1. ACE Course/Occupation #: \_\_\_\_\_ Date Taken/Held: \_\_\_\_\_

Course/Occupation Title: \_\_\_\_\_

2. ACE Course/Occupation #: \_\_\_\_\_ Date Taken/Held: \_\_\_\_\_

Course/Occupation Title: \_\_\_\_\_

3. ACE Course/Occupation #: \_\_\_\_\_ Date Taken/Held: \_\_\_\_\_

Course/Occupation Title: \_\_\_\_\_

4. ACE Course/Occupation #: \_\_\_\_\_ Date Taken/Held: \_\_\_\_\_

Course/Occupation Title: \_\_\_\_\_

5. ACE Course/Occupation #: \_\_\_\_\_ Date Taken/Held: \_\_\_\_\_

Course/Occupation Title: \_\_\_\_\_

**Part II: To be completed by the appropriate Faculty Advisor, Department Head (for course), and Division Chair (for program).**

**A. Faculty Advisor:**

I have reviewed the student's RCC transcript and determined that prior credit **HAS NOT** been granted for course equivalency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B. Department Head(s) for course(s) requested:**

I have reviewed the request for credit. My recommendation that credit be granted is noted in the table below.

- Yes: Indicates that I attest the student has demonstrated competence in the course content, thus satisfactorily meeting all learning outcomes for the course.
- No: Indicates that I attest that the student has not demonstrated competence in the course content.

| Course Requested | Recommend Credit (Yes/No) | Department Head | Department Head Signature/Date |
|------------------|---------------------------|-----------------|--------------------------------|
|                  |                           |                 |                                |
|                  |                           |                 |                                |
|                  |                           |                 |                                |
|                  |                           |                 |                                |
|                  |                           |                 |                                |

**C. Division Chair for program.**

The following course(s) have been recommended for credit:

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part III: To be completed by the Vice President for Instructional Services**

I approve the credit recommended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part IV: Return completed form to the Office of Admissions, Records & Registration**

Credit recorded.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_