RANDOLPH COMMUNITY COLLEGE | OFFICE OF ENROLLMENT MANAGEMENT

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 Dean (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. **Dean for program.**
The following course(s) have been recommended for credit:

Signature: _____ Date: _____

Part III: To be completed by the Vice President for Education & Workforce Development Education

I approve the credit recommended.

Signature: _____ Date: _____

Part IV: Return completed form to the Office of Enrollment Management

Credit recorded.

Signature: _____ Date: _____