

# Idaho Region IV Advanced Opportunities

PO Box 1238, Twin Falls, Idaho 83303-1238

## Request for Technical Competency Credit (TCC) College of Southern Idaho

**Please Print**

Date \_\_\_\_\_ CSI ID# \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip

High School Attended \_\_\_\_\_ Graduation Year \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

I have provided a copy of my high school transcript with my credit request. I have read and understand the conditions for credit Articulation and do hereby apply for credit at the College of Southern Idaho for the articulated course(s) listed below. I understand that the transferability of the articulated credits is dependent upon the policies at the institution to which the credits are transferred.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

COURSES TO BE ARTICULATED			CSI OFFICE USE ONLY
High School Course	CSI Course*	CSI Credit*	Grade

**\*Please note that the courses/credits listed above may be subject to change based on the Official College of Southern Idaho Catalog. Students must request credits within two years of course completion.\***

**CSI Office Use Only**

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_

Payment Method      Cash       Money Order       Check       Credit/Debit

\_\_\_\_\_  
Check or MO Number      Amount Received      Bank Name      Initials of person receiving payment