

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 _____ EDU ID _____

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
TCC Badge	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