

**Massage Therapy Institute of Colorado
MTIC TRANSFER OF CREDIT (TOC) REQUEST FORM**

Complete the request form and deliver to MTIC Administration Office prior to or during the enrollment interview.
Please refer to the MTIC catalog for the MTIC Transfer of Credit Policy for MTIC TOC Guidelines.

COURSES MUST BE PRE-APPROVED by the MTIC Director of Admissions and the MTIC Director prior to enrollment and admissions.

SUBMITTING the *Transfer of Credit Request* form: Attach the non refundable TOC evaluation fee \$50 [prepaid] and all supporting documents [listed below] submitted and allow at least 3 weeks for evaluation/approval of TOC at MTIC. You will receive an e-mail when the request form has been evaluated and notification of acceptance or rejection of TOC request. Complete the request form and deliver to MTIC Administration Office prior to or during the enrollment interview.

If you have questions about transfer credit, please contact elia.fisher@mtic.edu

The check for TOC evaluation of transcript and course materials shall be made out to MTIC for \$50 and included with this form. Please provide and attach to this form a copy of the official course transcript and supporting documents such as school catalog, syllabi, lesson plans, course outlines, course notes and or letter of description of the course from the teacher of the course, letter of recommendation from the teacher of the course and or other materials that offers proof of equivalency of MTIC course requirements.

Type or print legibly

Student's Name _____ **Date** _____

Phone # _____ **e-mail address** _____

Address _____

City _____ **State** _____ **Zip code** _____

Term and year you plan to take course(s) (e.g. fall 2010) _____

Approval in effect for term indicated only.

TOC credits requested are from this Accredited School

School Name _____ Accredited by _____

Address _____

City _____ State _____ ZIP _____

Phone _____ Website _____

Administrative contact [School Director, Dean or Registrar] _____

Indicate the courses for which you want transfer credit.

COURSE(S) AT OTHER SCHOOL

MTIC EQUIVALENT COURSE(S)

Dept Course #	Title	# Hrs	Dept Course #	Title	# Hrs	Office use: Approved or Not approved

Student's Signature _____ Date _____

Evaluated By _____ Date _____