Career-Technical Credit Transfer (CT)²
Verification of Course Completion Form for Media Arts

Instructions: Students complete Part I of this form and submit it to their career-technical teacher/CTE official to complete Part II and Part III. To ensure award of credit, all parts of the form and evidence that the student has met all requirements for accessing the credit should be submitted together to each institution of the student’s choice. The Verification of Course Completion Form must be sent by a school official and not submitted by the student.

PART I: To be completed by the student requesting verification.

First Name: ___________________________ Last Name: ___________________________ Middle Initial: ______

Date of Birth: ___________________________

High School Graduation Date: ___________________________

Home Address: __________________________________________

Primary Phone: ___________________________ Secondary Phone: ___________________________

Email: __________________________________________

Please send this form to the following college/university:

Not sure if the institution you’re interested in attending offers a similar program? You can check to see where you may be eligible to receive credit by visiting the Transfer to Degree Guarantee site and selecting “Media Arts” from the program list (Step 1) and the school district you attended (Step 2).

Name of Institution: __________________________________________

College Department/Office: __________________________________________

Address: __________________________________________

Name of Institution: __________________________________________

College Department/Office: __________________________________________

Address: __________________________________________

Student Signature: ___________________________ Date: ___________________________
# PART II: To be completed by a teacher/official from the career-technical education institution.

**Media Arts**

<table>
<thead>
<tr>
<th>ODE Course</th>
<th>EMIS Code</th>
<th>CTAN</th>
<th>CTAN Name</th>
<th>Credit hours (semester)</th>
<th>Term course completed (Term/Year)</th>
<th>Initial here to indicate that the student has met all requirements to access post-secondary credit*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital Media Arts</td>
<td>340325</td>
<td>CTMDA001</td>
<td>Intro to Digital Media Arts and Media Design</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Audio Broadcasting</td>
<td>340130</td>
<td>CTMDA002</td>
<td>Intro to Audio Production</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video Production</td>
<td>340145</td>
<td>CTMDA003</td>
<td>Intro to Single Camera Video Production</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multimedia Web Production</td>
<td>340160</td>
<td>CTMDA004</td>
<td>Multimedia Production for the Web</td>
<td>3</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*The student must successfully complete the course and earn the required score on the WebXam. Please ensure that the student earned the required score at the time the exam was taken. Students must access the credit within three years of graduation.

<table>
<thead>
<tr>
<th>ODE Course</th>
<th>EMIS Code</th>
<th>CTAN</th>
<th>CTAN Name</th>
<th>Required WebXam Score by Academic Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Digital Media Arts</td>
<td>340325</td>
<td>CTMDA001</td>
<td>Intro to Digital Media Arts and Media Design</td>
<td>49 or higher</td>
</tr>
<tr>
<td>Audio Broadcasting</td>
<td>340130</td>
<td>CTMDA002</td>
<td>Intro to Audio Production</td>
<td>77 or higher</td>
</tr>
<tr>
<td>Video Production</td>
<td>340145</td>
<td>CTMDA003</td>
<td>Intro to Single Camera Video Production</td>
<td>59 or higher</td>
</tr>
<tr>
<td>Multimedia Web Production</td>
<td>340160</td>
<td>CTMDA004</td>
<td>Multimedia Production for the Web</td>
<td>53 or higher</td>
</tr>
</tbody>
</table>

*Evidence that the student completed the course with a grade of “C” or better must be submitted in order for the student to be eligible to access the credit.

CTAG/CTAN approval may be verified by visiting the [Course Reporting System](#).
Part III: To be completed by an administrator/director from the CTE institution.

Name of institution: ____________________________________________________________

Address: _____________________________________________________________________

Name of (CT)² Contact Person: ________________________________________________

Title of (CT)² Contact Person: _________________________________________________

Phone: _____________________________________________________________________

Email: ______________________________________________________________________

Signature of (CT)² Contact Person: ______________________________________________

Date: _______________________________________________________________________

OFFICIAL SEAL OR STAMP HERE

Contact Information

If problems arise during the process, contact the appropriate institution representative:

- Higher Education Institution
- Career-Technical Education Institution

Questions about CTAG requirements may be directed to Ohio Articulation and Transfer Network staff at:

Shane DeGarmo 614.644.6767  sdegarmo@highered.ohio.gov
Nikki Wearly 614.728.2662  nwearly@highered.ohio.gov

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