



Career-Technical Credit Transfer (CT)²
Verification of Course/Program Completion for Exercise Science

Student: Complete Part I of this form then give it to your teacher. Request an official high school or GED transcript to be sent to each college/university of your choice in addition to this form. Part II and III are to be completed by a school official.

Part I: To be completed by Student requesting verification:

First Name: _____ Last Name: _____ Middle Initial: _____
College ID Number (if known) : _____ Date of Birth: _____
High School Graduation Date/Adult Workforce Education Program Completion Date _____
Home Address: _____
Daytime Phone: () _____ Cell Phone: () _____
Email: _____
Please send this form to the following college/university and department/office:
Name of Institution: _____
College Department/Office: _____
Address: _____
Signature of Requesting Student: _____ Date: _____

Credentials Needed for Credit: https://bit.ly/2kE75XI

Part II. Should be completed by a school official and must include program completion dates and initials.

Part II: To be completed by Sending/Verifying Institution (Career-Technical Institution).

Exercise Science

Table with 5 columns: CTAN, CTAN NAME, Term Completed, Institution is approved for CTAN, Initial all lines that student has completed. Rows include CTES001 (Introduction to Exercise Science) and CTES002 (Fitness and Health Foundations).

Medical Terminology*

Table with 5 columns: CTAN, CTAN NAME, Term Completed, Institution is approved for CTAN, Initial all lines that student has completed. Row includes CTMT001 (Medical Terminology).

Check for CTAN Approvals https://goo.gl/TrzmJu

NOT OFFICIAL WITHOUT PART III*. STUDENT MUST NOT HAND-CARRY

*Administrators may request Part III of the Verification Form https://oatnkb.ohiohighered.org/ or call 614.752.9474

*Medical Terminology CTAN is an optional CTAN that not all institutions offer. Only mark if the Medical Terminology course (072150) end of course assessment is taken.