

COLLEGE OF EASTERN IDAHO Early College Programs

(For office use only)

Pd. \$

TECHNICAL COMPETENCY CREDIT REQUEST FORM

*** REQUIRED an official Copy of your High School Transcript with this form!**

(PRINT or TYPE All Information CLEARLY, Using Ink Only)

*Full Name: _____
Last First Middle Other

*Address: _____
Number and Street City State Zip Code

*Phone: _____ Cell Phone: _____

*Social Security Number: _____ *Gender: _____ *Date of Birth: _____

Ethnicity	Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>
Race	White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/>

*High School: _____ * High School Grad Year: _____

CEI COURSES TO BE TRANSCRIPTED						
Date of HS course completion	CEI Course #	CEI Course Name	High School Grade	# of Credits	Total Cost for Course	Date credit eligibility expires before transcribing
					= \$	
					= \$	
					= \$	

Total \$
(One Time Charge Only)

Payment Options:
By Mail: Check or Money Order Payable to College of Eastern Idaho
In Person: Cash / Check / Credit Card / Money Order
Note: Please do not include Credit Card payments by mail
(No Fax or Email requests allowed)

Credits are designed for students wishing to go into the CTE program related to the credits. By signing this you agree that you are enrolled in the program related to the credits at one of the 6 Technical College in Idaho.

I hereby request a copy of my College of Eastern Idaho transcript for my personal records.

Signature: _____ Date: _____

Please return to: (To protect private student information - No Fax or Email requests allowed)

**College of Eastern Idaho
 Attn: Tonya Tracy
 1600 S. 25th E.
 Idaho Falls, ID 83404**

(For office use only)

Date Transcript Request Received _____ Date Transcript Mailed _____

Date Money Received _____ Payment Type _____ Amount _____ POS# _____

Date to Registrar: _____ Date to Transcriptionist: _____

Checked CATEMA / Skillstack _____

Revised 4.5.19

Steps for Admissions

1. <http://www.cei.edu/admissions> Select **APPLY NOW** and Complete the online application
2. Submit **TRANSCRIPTS** sent from last High School attended OR GED
 - **MUST** be an official copy in sealed envelope or sent electronically directly from your school.
3. Submit TRANSCRIPTS from ALL Colleges previously attended
 - **MUST** be an official copy in sealed envelope or sent electronically directly from your school.
4. Submit placement scores, i.e. **SAT / ACT** if taken within the last 5 years.
5. If there are no SAT / ACT scores or previous college credit that is applicable, take the Accuplacer/ALEKS placement test — **There is a \$35 non-refundable fee for the placement test that can be paid in the cashier's office. CONTACT CEI TESTING CENTER** to schedule an appointment to test — (208) 535-5438, **Rm 25, Sessions Building 1.**

Testing Center Hours

Monday: 8am - 8pm
Tuesday: 8am - 8pm
Wednesday: 8am - 8pm
Thursday: 8am - 8pm
Friday: 8am - 5pm
Saturday: 8am - 2pm
Sunday: Closed

REQUIRED AT TESTING:

- Copy of your receipt
- A valid Picture ID
- No calculator and no children

6. PROGRAM SPECIFIC TESTING

- Computer Literacy test is required for Computer Networking/CSEC/Web Development

For questions or to make an appointment with a **COUNSELOR**, call (208) 524-3000

* If you are **Undecided**, please contact Center for New Directions (208) 535-5363

To apply for **FINANCIAL AID** visit our website:

<http://cei.edu/financial-aid/financial-aid-explained/apply-for-financial-aid>

Financial Aid Priority Dates

- Fall Term: June 1
- Spring Term: November 1
- Summer Term: February 1