

Transcript Evaluation Form

To be completed when requesting to transfer credits to your CFT transcript



PLEASE PRINT OR TYPE CLEARLY & MAIL or FAX TO:
CFT, North Central States, Inc.
177 E. Silver Spring Drive • Whitefish Bay, WI 53217
f: 414-332-6478

Student Name _____ SS# _____

Previous Name (if applicable) _____

Company Name (at time of courses taken) _____

Work Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

Work Phone (_____) _____ ext. _____ Home Phone (_____) _____

E-mail Address _____ Fax (_____) _____

Courses taken with another CFT/AIB? NO YES Please list: _____

I am sending a transcript from the following school for evaluation of transfer credits:

School Name _____

School Address _____

City, ST, Zip Code _____

If my credits are eligible for transfer to my CFT transcript, I understand that there is a \$35 transfer fee. I will pay this fee by:

PAYMENT / Choose One: Check Enclosed Visa MasterCard

Card # _____ Exp. Date _____

Name on Card _____

Cardholder Signature _____

Student Signature _____ Date _____

*Required for processing

Please mail and make checks payable to:
CFT, North Central States, Inc.
177 E. Silver Spring Drive, Suite 201 • Whitefish Bay , WI 53217
p: 414-332-6468 • f: 414-332-6478 • info@cftncs.org