



## COMPLETION OF ONE CREDIT UNIT TO MEET TC REQUIREMENT

**STUDENT NAME** \_\_\_\_\_  
*Last First Middle*

**STUDENT ID #** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**QUARTER** ☐ Winter ☐ Spring ☐ Summer ☐ Fall Quarter Year \_\_\_\_\_

**COURSE NUMBER** \_\_\_\_\_

**COURSE TITLE** \_\_\_\_\_

**INSTRUCTOR NAME** \_\_\_\_\_

\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Program Director*

\_\_\_\_\_  
*Date*

### REQUIREMENTS FOR COMPLETION OF THE ONE UNIT CREDIT:

1. A student must present this form to the assigned instructor
2. A student must attend 10 to 12 hours of class and take a final examination to complete requirement.

☐ STUDENT HAS SUCCESSFULLY COMPLETED REQUIREMENT INDICATED ABOVE.

☐ STUDENT FAILED REQUIREMENT INDICATED ABOVE.

*Certified by Faculty:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Recorded by Registrar on:* \_\_\_\_\_

**Copy to be placed in student's file.**