SAN ANTONIO COLLEGE
ADVANCED STANDING RECOMMENDATION FORM

STUDENT INFORMATION

(PLEASE PRINT) NAME _____ DATE 4/21/11
LAST FIRST MIDDLE

SSN# _____ SUBJECT _____ COURSE# _____

NAME OF SCHOOL PRESENTLY ENROLLED _____ NO. OF HOURS COMPLETED AT SAC _____

DO NOT WRITE BELOW THIS LINE

FOR COLLEGE USE ONLY

DEPARTMENTAL ADVISEMENT

EXAMS RECOMMENDED _____

RECOMMENDED SUBJECT(S)/EXAMINATION(S) _____

DEPARTMENTAL _____ CLEP _____

AP _____ OTHER _____

EXAMS NOT RECOMMENDED _____ ADVISEMENT NOT APPLICABLE _____

RECOMMENDED BY _____ _____
ADVISOR DATE

ASSESSMENT CENTER

EXAMINATION(S) RECEIVED _____ ADMINISTERED _____ DEPT. _____ STANDARD _____

TEST	SCORE/GRADE	DATE:

SIGNATURE OF DIRECTOR _____ DATE _____

CREDIT RECOMMENDATION(S)

TECH PREP _____ **YES** _____ **NO** _____

COURSE & NUMBER:	GRADE	HOURS	JUSTIFICATION (ATTACH DOCUMENTATION)
/			
/			
/			

_____ _____
SIGNATURE OF DEPARTMENT CHAIRPERSON DATE

_____ _____
APPROVAL OF APPROPRIATE INSTRUCTIONAL DEAN DATE

BURSAR

RECEIPT NO. _____

AMOUNT PAID _____

DATE PAID _____

ADMISSIONS & RECORDS

DATE POSTED _____

STUDENT NOTIFIED _____

PROCESSOR _____

1ST COPY – ADMISSIONS & RECORDS 2ND COPY – DEAN 3RD COPY – ASSESSMENT CENTER 4TH COPY – DEPARTMENT CHAIRPERSON