



## COURSE CREDIT VERIFICATION FORM FOR CURRENT ENROLLMENT

One Stop Student Services – [onestop@cw.edu](mailto:onestop@cw.edu) – 208-562-3000 – [cw.edu](http://cw.edu)

**OCCUPATIONAL THERAPY ASSISTANT STUDENTS ONLY:**

LAST NAME	FIRST NAME	M.I.	PHONE NUMBER (INCLUDING AREA CODE)	
ADDRESS		CITY		STATE
ZIPCODE			CWI EMAIL	
CWI STUDENT ID#		<p>Partial credit will be given for students who are currently enrolled in pre-requisite and co-requisite courses. Students need to fill out the form below, including course name and instructor’s name. <b><u>Form must be signed by Instructor.</u></b></p> <p><b>TO RECEIVE CREDIT IN THESE COURSES, THE FORM MUST BE FILLED OUT COMPLETELY.</b></p>		

Course Name & Any Instructor Comments	Course & Section Number	Current Grade	Instructor’s Name, Signature and Date
#1			Name: Signature: Date:
#2			Name: Signature: Date:
#3			Name: Signature: Date:
#4			Name: Signature: Date:

**STUDENT SIGNATURE AND DATE:**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_