

# Transcript Evaluation Form

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



**PLEASE PRINT OR TYPE CLEARLY & MAIL or FAX TO:**

**Center For Financial Training, Upper Midwest**

**PO Box 524 • Morgan MN 56266**

**Fax: 507-249-2115**

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 (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Courses taken with another CFT?  NO  YES Please list: \_\_\_\_\_

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

School Name \_\_\_\_\_

School Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**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:**

**Center For Financial Training, Upper Midwest**

**PO Box 524 © Morgan MN 56266**

**Phone: 507-249-2045 © Fax: 507-249-2115 © info@cftum.org**