FORM:

NTEC 101M

SAM HOUSTON STATE UNIVERSITY

APPLICATION FOR NON-TRADITIONAL EDUCATION CREDIT THROUGH WORK EXPERIENCE (MILITARY) DD-214

Last Name	First Name	Middle Init	ial	Maiden Name
Social Security Number		A	Area Code andTelephone Number	
Present Address: S	itreet	City	State	Zip Code
Military Address: S	Street	City	State	Zip Code
Permanent Address	: Street	City	State	Zip Code
gained through worl				
Does this specialty (Do you hold such lic registration, number	ense or registration	es or occupation(s)	require a license or o, give name of licen	registration? se or
Do you hold such lic registration, number	ense or registration	n?lf so	require a license or o, give name of licen	registration? se or
Do you hold such lic registration, number	ense or registration, and state:	mber, Etc.	require a license or o, give name of licen	registration? se or
Do you hold such lic registration, number	ense or registration r, and state: Nurse, Master Plui	mber, Etc.	o, give name of licen	registration? se or State
Do you hold such lic registration, number	ense or registration r, and state: Nurse, Master Plui School Attended:	mber, Etc. Name c	o, give name of licen	se or State
Do you hold such lic registration, number	ense or registration, and state: Nurse, Master Plui School Attended: om high school?	mber, Etc. Name c	o, give name of licen	se or State
Do you hold such lic registration, number Education: High S Did you graduate from	ense or registration, and state: Nurse, Master Plui School Attended: om high school?	mber, Etc. Name of City Major	o, give name of licent	se or State
Do you hold such lic registration, number Education: High S Did you graduate from	ense or registration, and state: Nurse, Master Plui School Attended: om high school? study in college:	mber, Etc. Name of City Major Minor	of School When?	se or State

	seper	ng with the pres ate line for each	occupational specialty		ational experience. Use a se FORM: NTEC 101N) for
	non-m	nilitary work exp	erience.)		
DATE: EMPLO		CLOCK HOURS PER WEEK OR TOTAL CLOCK HOURS*	LOCATION OF MILITARY WORK PERFORMED	NAME OF IMMEDIATE SUPERVISOR	TRADE OR SKILLED WORK PERSONALLY PERFORMED BY YOU**
FROM	ТО				
					•
					·
** Supelsewi experi 13.	oply ne here, li ience (List th	ecessary military ist skilled work on number of work ne Sam Houston	or services performed. ers supervised, etc.). l	List machines operate Jse additional pages,	e evaluations. If not include ed. Indicate supervisory if necessary. The property is the seeking of the seeking in the seekin
COUF	RSE AN	ND NUMBER	TITL	E	
· · · · · · · · · · · · · · · · · · ·					
			The state of the s		
			MAY BE MADE ON AD		