

**MDC -FOREIGN TRAINED PROFESSIONALS PROGRAM  
SERVICE REQUEST FORM (FTP-SRF)**

*Email to: FTP@mdc.edu*

**Service Term:** \_\_\_\_\_

**FTP Office Use Only:**

**Request:**

\_\_\_ Approved

\_\_\_ Not approved

\_\_\_ Temporary

**FTP:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*Last Name First Name Middle Name*

**MDC Student ID #:** \_\_\_\_\_ **Highest Education Attainment:** \_\_\_\_\_

**Country of Degree:** \_\_\_\_\_ **EAP/VESOL/Ace Completion:** Yes \_\_\_ No \_\_\_ NA \_\_\_

**Phone Number:** \_\_\_\_\_ **Best Day and Time to call** \_\_\_\_\_

**MDC/Student e-mail address:** \_\_\_\_\_@mdc.edu / **Alternative:** \_\_\_\_\_

**What services do you anticipate needing this semester?**

- **Transcript Evaluation/Translation** YES \_\_\_ No \_\_\_ *I have already had my documents evaluated/translated*
- **Portfolio Credit Registration** YES \_\_\_ No \_\_\_ *I do not wish to earn experience credit at this time*
- **Prep Course Registration** YES \_\_\_ No \_\_\_ *I do not wish register for a prep course*

*Please specify course/s:* \_\_\_\_\_

- **Enrolling for a:** Certificate \_\_\_ A.S. \_\_\_ Bachelor \_\_\_ Professional License Program \_\_\_ Graduate Degree \_\_\_

**MDC INTERNAL REFERRAL CONFIRMATION OF FOREIGN DEGREE / PROFESSIONAL TRAINING**

**Academic/Student Services Office:** \_\_\_\_\_ **Campus:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please Print*

**Extension:** \_\_\_\_\_ **Email:** \_\_\_\_\_@mdc.edu