

**TEXAS COMMISSION ON LAW ENFORCEMENT**

6330 E. Highway 290, STE. 200

Austin, Texas 78723 - 1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

**COLLEGE EDUCATION REQUEST (F-7)**

Form can be sent electronically from your departments TCLEDDS system.

**Non-refundable \$35 fee for paper form.** Money order, agency or cashier's check. (5541)

**ONLY ORIGINAL TRANSCRIPTS WILL BE ACCEPTED. A TRANSCRIPT THAT IS FAXED OR COPIED WILL BE RETURNED.**

**STUDENT INFORMATION**

1. TCOLE PID	2. Last Name	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Date of Birth	7. Home Mailing Address	8. City	9. State	10. Zip Code
11. Phone Number ( include are a code )		12. Email		

**DEPARTM ENT INFORMATION**

13. TCOLE Agency Number	14. Appointing Agency	15. Agency Mailing Address	
16. City	17. County	18. Zip Code	19. Phone Number

**COLLEGE INFORMATION**

20. COLLEGE – List all colleges/universities *	City and State	Degree Awarded**	Hours
**College credit, Assoc., Bachelors, Doctorate, Masters		TOTAL HOURS	

**Submission of this form deletes all previous college information from the licensee's record and replaces it with the information provided above. DO NOT duplicate transfer hours. Documented hours must either be a passing letter grade or pass. Credit will not be awarded for failing courses, withdrawn or audit courses.**

211.1(3) An institution of higher education that is accredited or authorized by;

**Accrediting Commission for Community and Junior Colleges Western Association of Schools and Colleges (ACCJC), Higher Learning Commission (HLC), Middle States Commission on Higher Education (MSCHE), New England Commission of Higher Education (NECHE), Northwest Commission on Colleges and Universities (NWCCU), Southern Association of Colleges and Schools Commission on Colleges (SACSCOC), WASC Senior College and University Commission (WSCUC)**

I, the applicant, attest that these hours are from an accredited regional college or university identified by 211.1. I am fully aware that this application is a government document and under penalties of perjury I declare the foregoing information to be true and correct.

\_\_\_\_\_  
SIGNATURE OF LICENSE HOLDER

\_\_\_\_\_  
DATE

I, chief administrator or designee, attest that these hours meet the requirements of 211.1(a)(3). College hours are not being submitted for training hours earned for basic peace office class.

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AGENCY ADMINISTRATOR ( Type or Print)

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ADMINISTRATOR SIGNATURE

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DATE