

## National College Credit Recommendation Service (NCCRS) Application

For Office Use Sponsor Code	
Sponson Gode	

## Application to receive credit for Microsoft coursework and certifications

Please complete the application below and email it along with your payment to **receipt@excelsior.edu** or fax it to **518-464-8700.** Do **NOT** send this application to Microsoft. It will not be processed.

1) Student					
i) Student					
on an official Excelsior College	e transcript. To enroll in this se .edu. The official documentati	entials that you have received f rvice, complete the following in on of the MS credentialed learn			
Social Security Number (USA)					
Current Legal Name					
Last (Family) Name	First (Given)	First (Given) Name Middle Initial			
Birth/Maiden Name (if different from c	urrent last name)				
Other name(s) by which you may have	been identified in relevant academic	records			
Permanent Address					
Number and Street			Apt. or Suite Number		
City	State	Zip Code	Country (if not USA)		
Phone Numbers (indicate "D" fo	r day or "E" for evening)				
Area Code ( )	(D/E)	Area Code ( )	(D/E)		
Home Phone		Business Phone	Business Extension		
Email address					
Date of Birth		Gender (M = male; F = female)			
Are you already enrolled or ha		-	Yes No N		

<b>Payment</b> Include payment. The fo	ee for each transcri <sub>l</sub>	pt is <b>\$40.</b> Make your cl	neck or money order payable to Excels	ior College.
☐ Payment in full is att	ached (check, mone	ey order, or completed	charge authorization)	
<b>Credit Card Author</b> I authorize Excelsior Co Excelsior College) to m	ollege to charge	(or current	NCCRS listing fee at the time this form	is received by
MasterCard	□Visa	Discover	American Express	
Credit Card Account No	umber		Expiration Date	
Name of Cardholder (p	rint)			
Signature				
Signature and Date Please sign and return listed on an official Ex	n this form to Excels		to have courses you have taken from N	/licrosoft
Signature:			Date:	·
Please forward this fo	, and the second se	required. <i>Do not print</i> .  Ilege listed in Part 1.		
Transcript Request	(optional)			
_	or additional stude	ent copy of your Excel	o receive one student copy of your tran sior College transcript, please complete on.	
			transcript be sent within 3 business day pay the Transcript Rush fee for a total c	•
Which transcript shall	I we send?	student copy	official copy	
Are you requesting To (additional \$30 require			No 🗌	
Authorization for re	elease of transcr	ript		
Signature (required)	Full signature requ	uired to release transcript	Date	
Send transcript to (pr	int complete maili	ng address):		

Excelsior College is committed to providing a learning and working environment that is free from illegal discrimination based upon an individual's race, ethnicity, national origin, age, religion, marital status, familial status, gender, gender identity, sexual orientation, physical or mental disability, genetic information, or military or veteran status. Illegal discrimination in any form will not be tolerated at the College.