

**Totem Heritage Center
Native Arts Studies Program
Class Credit Transfer Form**



Ketchikan
MUSEUMS
TOTEM HERITAGE CENTER

Full Name (Printed): _____

Email Address: _____

Phone Number: _____

I request the acceptance of the following to be counted as credit toward my Certificate of Merit with the Totem Heritage Center:

Name of Class/Workshop: _____

Name of Instructor(s): _____

Dates of Class: _____

Hosting Organization: _____

Location of Class: _____

Was this class virtual? YES NO

How many hours was this class: _____

Please describe the project you worked on in this class: _____

What is your focus for a Certificate of Merit with the Totem Heritage Center?

WEAVING CARVING REGALIA

Student Signature: _____ Date: _____

Submit this application **as well as images of your class project** to TeresaDeWitt@ketchikan.gov for evaluation. Your application will be reviewed by staff as well as a representative of the Totem Heritage Center Advisory Committee. Please call 907-225-5900 with any questions.

The student was notified about the decision.

Date: _____

Staff Member: _____