

**Tri-County Technical College**  
Office Systems Technology Program  
Technical Advanced Placement (TAP)

**Competency Verification & Teacher Recommendation Form**

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**TCTC Course: AOT 165 (Information Processing Software)**

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**SECTION I (To be completed by the student)**

Please complete this section of the form and give it to your Business Education teacher.

Your Name (PLEASE PRINT): \_\_\_\_\_  
Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
High School: \_\_\_\_\_ Grade: \_\_\_\_\_

**SECTION II (To be completed by the teacher)**

I verify that this student has mastered the major course competencies listed below (signifying mastery of all sub competencies shown on the course syllabus dated May 2008 and provided/reviewed during the annual Business Education Articulation Committee meeting), and therefore, I recommend this student to take the TAP examination.

**Major Course Competencies**

1. The student will be able to perform basic information processing applications such as creating, editing, copying, and printing documents using Microsoft Word 2007.
2. The student will be able to perform intermediate information processing applications such as creating tables and formatting documents using Microsoft Word 2007.

Teacher Name (PLEASE PRINT): \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Name of high school course(s) in which this student gained the required competencies for possible TAP credit: \_\_\_\_\_

Date of course completion, or expected completion: \_\_\_\_\_

Comments (if applicable): \_\_\_\_\_

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Please make a copy of this form for your records and mail the original to: Ms. Melinda Zeigler, Business and Public Services Division Secretary, Tri-County Technical College, P.O. Box 587, Pendleton, SC 29670.