

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

**Competency Verification & Teacher Recommendation Form**

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**TCTC Course: AOT 167 (Information Processing Applications)**

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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 June 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 work with the taskbar, menus, menu bars, dialog boxes and messages.
2. The student will be able to work with My Computer, My Briefcase, Explorer, and Control Panel.
3. The student will be able to work with the Internet and Networks.

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.