Request for Credit Evaluation

Student ID Number _____ SSN _____

Name _____
(Last) (First) (Middle Initial)

Address _____ City _____ State _____ Zip _____

Phone Number _____ Career Training Program _____

Credential Desired _____ Advisor _____

Please list colleges to be evaluated:

1.	4.
2.	5.
3.	6.

****Allow up to four weeks for the evaluation process once all transcripts have been received****
****Recommendations made by advisors are not official until evaluated by the registrar****

Student Signature _____ Date _____

STAFF USE ONLY				
PRACTICAL NURSING:	**OTA:**	**ACCOUNTING:**	**ECE:**	**OTHER PROGRAMS:**
☐ ENGL&101/102	☐ ENGL&101	☐ ENGL&101	☐ ENGL&101	☐ ENGL&101
☐ MATH&146	☐ MATH 100+	☐ MATH 100+	☐ MATH&100+	☐ MATH 100+
☐ PSYCH&200	☐ PSYCH&200	☐ HUM/SS/NS/O	☐ HUM/SS/NS	☐ HUM/SS/NS
☐ BIOL&241	☐ BIOL&175 (A&P)	☐ HUM/SS/NS/O	☐ HUM/SS/NS	
☐ BIOL&242	☐ BIOL 170, MEDSU 101		☐ HUM/SS/NS	
☐ CHEM&121				
☐ BIOL&260				
☐ CMST&210				
☐ NUTR&101				

☐ EVALUATED
☐ POSTED
☐ NOTIFIED
☐ LOGGED

Transcript Evaluators Signature _____ Date Posted_____