



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: <input type="checkbox"/> ENGL&101/102 <input type="checkbox"/> MATH&146 <input type="checkbox"/> PSYCH&200 <input type="checkbox"/> BIOL&241 <input type="checkbox"/> BIOL&242 <input type="checkbox"/> CHEM&121 <input type="checkbox"/> BIOL&260 <input type="checkbox"/> CMST&210 <input type="checkbox"/> NUTR&101	OTA: <input type="checkbox"/> ENGL&101 <input type="checkbox"/> MATH 100+ <input type="checkbox"/> PSYCH&200 <input type="checkbox"/> BIOL&175 (A&P) <input type="checkbox"/> BIOL 170, MEDSU 101	ACCOUNTING: <input type="checkbox"/> ENGL&101 <input type="checkbox"/> MATH 100+ <input type="checkbox"/> HUM/SS/NS/O <input type="checkbox"/> HUM/SS/NS/O	ECE: <input type="checkbox"/> ENGL&101 <input type="checkbox"/> MATH&100+ <input type="checkbox"/> HUM/SS/NS <input type="checkbox"/> HUM/SS/NS <input type="checkbox"/> HUM/SS/NS	OTHER PROGRAMS: <input type="checkbox"/> ENGL&101 <input type="checkbox"/> MATH 100+ <input type="checkbox"/> HUM/SS/NS

<input type="checkbox"/> EVALUATED <input type="checkbox"/> POSTED <input type="checkbox"/> NOTIFIED <input type="checkbox"/> LOGGED
Transcript Evaluators Signature _____ Date Posted _____