

- ✓ Complete this form if you have completed general education course work at any other college. **AND** you have submitted official transcripts for all colleges previously attended
- ✓ View Major Sheets at http://www.chaffey.edu/counseling/majorsheets/index.shtml for assistance with selecting the correct General Education pattern(s)
- This form is not for any of the Health Science Programs

Request for Course Evaluation of External Transcripts (Submit form in person to the Counseling Department, by email transcript.evaluator@chaffey.edu, or by fax to 909-652-6477)

Student Name:		
(Last Name)	(First Name)	(Middle Initial)
Chaffey College ID#:	Email Address:(If available, the panther.chaffey.edu	ı email will be used)
I am requesting the evaluation of my expattern, check all that apply:	xternal transcripts for the following ger	neral education course
Chaffey College Associate ((Chaffey College Graduation Re	of Science/Associate of Arts (AA/AS) Gerequirement Sheet)	neral Education Pattern
	y (CSU) General Education Certification eral Education Breadth Pattern CSUGE)	on Pattern
	JC) IGETC General Education Transfe tion Transfer Curriculum IGETC)	∍r
Other Colleges Attended:		
transcript not received at the time of This evaluation is for the general of the evaluated for major requirement All transcripts will be evaluated days for this process. Note: The additional prerequisites. Additional information (course synnecessary you will be notified via expressions)	we have been submitted to the Admission of submission will not be included in this electroaction pattern(s) indicated above. The ts. If for English and Math prerequisites. The Prerequisite Validation form must be allabus or outline) may be required to small and required to provide requested do within 6 to 8 weeks. You will receive	evaluation. ne transcripts on file will <u>neetranscripts</u> on the neetranscripts on the neetranscripts of the nee
Student Signature:	Date: _	
Comments:	For Office Use Only	
Completed By:	Date:	