



## REQUEST FOR EVALUATION OF TRANSCRIPT FOR HEALTH SCIENCES PROGRAMS

(Submit form to Counseling Department and allow 15 business days to process)

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

It is recommended that you meet with a counselor to review transcripts from other colleges prior to requesting the evaluation.

Please have your Request for Unit Evaluation completed through Admissions Office prior to requesting this evaluation in the Counseling Department.

Please evaluate my transcript(s) to satisfy the following Health Sciences Program requirements:

ADN  RT  VN if applicable, CNA License # \_\_\_\_\_

Evaluate the following college(s), including Chaffey:

\_\_\_\_\_  
\_\_\_\_\_

*I have submitted official transcripts and requested a Unit Evaluation to Admissions Office. (Failure to do so will invalidate your request.)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** Your evaluation will be sent to your e-mail address upon completion. If you do not have an e-mail address, it will be mailed to the address listed above.

### FOR OFFICE USE ONLY

- Your evaluation of your transcript(s) has been completed. Please contact the Counseling Department at (909) 652-6200 to schedule an appointment.
- Your evaluation of your transcript (s) has been completed. If you are eligible for the program, please attach a copy of the External/Chaffey Transcript Evaluation form to the Health Sciences program application during the application period.
- Your evaluation of your transcript(s) cannot be completed. Need additional information/documents.

Other \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Transcript Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_