Chaffey College

- ✓ 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 to transcript.evaluator@chaffey.edu, or by fax to 909-652-6477)

☐ Veteran's Education Benefits pending, ***ALL TRANSCRIPTS REQUIRED*** (submit form to VA certifying official for priority processing)

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

Chaffey College ID#: _____ Email Address: _____
(If available, the panther.chaffey.edu email will be used)

I am requesting the evaluation of my external transcripts for the following general education course pattern, check all that apply:

- ☐ Chaffey College Associate of Science/Associate of Arts (AA/AS) General Education Pattern
  (Chaffey College Graduation Requirement Sheet)
- ☐ California State University (CSU) General Education Certification Pattern
  (California State University General Education Breadth Pattern CSUGE)
- ☐ University of California (UC) IGETC General Education Transfer
  (Intersegmental General Education Transfer Curriculum IGETC)

Other Colleges Attended:

_____ _____ _____

_____ _____ _____

Please ***initial*** that you have read and understand the following regarding this evaluation request:

____ All external transcripts listed above have been submitted to the Admissions & Records Office. Any transcript not received at the time of submission will not be included in this evaluation.

____ This evaluation is for the general education pattern(s) indicated above. The transcripts on file will *not* be evaluated for major requirements.

____ **All transcripts will be evaluated for English and Math prerequisites. Allow up to 7 business days for this process. Note:** The Prerequisite Validation form must be completed for clearing any additional prerequisites.

____ Additional information (course syllabus or outline) may be required to determine equivalency. If necessary you will be notified via email and required to provide requested documentation.

____ This evaluation will be completed within 6 to 8 weeks. You will receive a copy of the completed evaluation via email.

Student Signature: _____ Date: _____

For Office Use Only

Comments:

_____

_____

Completed By: _____ Date: _____