



REQUEST FOR EVALUATION OF TRANSCRIPT FOR HEALTH SCIENCES PROGRAMS

(Submit form in person to the Counseling Department, by email to transcript.evaluator@chaffey.edu or by fax to 909-652-6477)

Name: _____ Student ID: _____
Last First MI

Phone Number: _____ E-mail Address: _____
(if available, the panther.chaffey.edu email will be used)

- It is recommended that you meet with a counselor to review transcripts from other colleges prior to requesting this evaluation.
- Please submit the Request for Unit Evaluation to the Admissions & Records Office prior to requesting this evaluation in the Counseling Department.
- 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.
- The completed evaluation will be emailed to you within 15 business days. Please review program application deadlines and submit all required documents appropriately.

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

RT VN if applicable, CNA License # _____

Evaluate the following college(s), including Chaffey:

I have read and understand the above statements and have submitted all official transcripts and the Request for Unit Evaluation if needed to the Admissions & Records Office.

Student Signature: _____ Date: _____

FOR OFFICE USE ONLY

Eligible to Apply

Not Eligible to Apply

Comments: _____

Transcript Evaluator: _____ Date: _____