



USE THIS FORM FOR  
**CREDIT EVALUATIONS OF:**

- ◇ College transcripts
- ◇ Standardized Tests (CLEP, AP, etc)
- ◇ Published Guides (Military training, etc.)

## TRANSFER CREDIT EVALUATION REQUEST

5/01

**Allow up to 30 days for processing after receipt of all documentation. Evaluation results will be mailed to the student and advisor of record.**

**PLEASE PRINT**

Name	Student Social Security Number
Street	/ of expected graduation Quarter Year (optional)
City State Zip Code	Telephone (Day/Work)
Name on transcript(s) if different from current name	Student Signature Date

The student is responsible for ordering official transcripts from the previous school(s) attended, as well as catalog course descriptions for courses taken at out-of-state schools. Transfer credit will be evaluated only from official transcripts and only for a declared major. Please indicate below the Aims program toward which you want to have your previous coursework evaluated.

**Aims Degree:**

- |  |  |
|--|--|
| <input type="checkbox"/> Associate of Arts, Liberal Arts<br><i>Please select one emphasis:</i><br><input type="checkbox"/> Telecommunications<br><input type="checkbox"/> Mortgage Banking | <input type="checkbox"/> Associate of Applied Science<br><i>Please select one emphasis:</i><br><input type="checkbox"/> Biomedical Electronic Technician |
|--|--|

**Aims Certificate:**

- Electronic Technology

Aims catalog year used for requirements: 19\_\_\_\_ - 19\_\_\_\_      Aims Advisor: \_\_\_\_\_

Transferring from:	State	Have you ordered transcripts?	
School, Institution, or Test		Yes	No
_____	_____	<input type="checkbox"/> date _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> date _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> date _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> date _____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/> date _____	<input type="checkbox"/>

**OFFICE USE ONLY**

Official?

Yes	No
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**OFFICE USE ONLY**

Received \_\_\_\_\_ By \_\_\_\_\_ Evaluated by \_\_\_\_\_

Exp entry \_\_\_\_\_ FOA \_\_\_\_\_ LOA \_\_\_\_\_ LOE \_\_\_\_\_ App Date \_\_\_\_\_