



# TRANSFER CREDIT EVALUATION REQUEST

Complete this form to have your transcript from another postsecondary institution evaluated for transfer credit that applies to your current program of study. We must have an official copy of the transcript. You must request from the institution that they send us an official copy directly, or you may bring in an official copy in a sealed official envelope. Do not open the envelope.

**Please allow 15 days from receipt of all required college transcripts to the Registrar's Office for this evaluation.**

You may be required to provide the Registrar with a course description for those courses which you are requesting transfer credit. You will be notified if we require the course description(s). If you have a catalog from the institution, you may want to bring it in to us so we can make copies of the course description(s).

Course work which will transfer must meet the following criteria:

1. Course credits were earned from the Institution issuing transcript.
2. The institution is accredited by an acceptable regionally accredited agency.
3. The course is equal in content and credit hour length as those in your program.
4. A grade of "C" or better was earned for the course(s).

\*Note-See catalog for shelf life of Allied Health, computer, business, and science courses.\*

\*\*Some Allied Health programs require a grade of "B" for transfer. See catalog for these classes.\*\*

Name \_\_\_\_\_ ID# \_\_\_\_\_ Date \_\_\_\_\_

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

Day telephone number (\_\_\_\_\_) \_\_\_\_\_ Date of entry to SCTC: term/year \_\_\_\_\_

E-mail address \_\_\_\_\_

Program of study: \_\_\_\_\_ diploma degree certificate

Please review my transcript from the following institution(s):

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY**

Evaluation complete: YES NO Date \_\_\_\_\_ Initials \_\_\_\_\_