

- ✓ 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 information regarding the Academic & Career Communities offered in the <a href="Chaffey College Catalog">Chaffey College Catalog</a>
- √ This form is not for any of the Health Science Programs

## **Request for Course Evaluation of External Transcripts**

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

Student Name:(Last Name)	(First Name)	(Middle Initial)
Chaffey College ID#:		
Other Colleges Attended:	(If available, use your panther.cnaπey	.edu email)
Please answer the following:		
Will you be transferring to a university?	YES NO	
If YES, where will you transfer? (If you have not chosen a transfer sc	hool, please write UNDECIDED)	
Please <u>read and initial</u> that you unders	stand the following regarding this evalu	ation request:
<del></del>	ove have been submitted to the Admis e time of submission will not be include	
This evaluation is for the genera evaluated for major requirements	al education purposes <u>only</u> . The trans s.	cripts on file will <u>not</u> be
This evaluation request form <b>doe</b>	es not clear course prerequisites.	
This evaluation will be completed evaluation via email.	d within 6 to 8 weeks. You will receive	a copy of the completed
Student Signature:	Date: _	
Comments:	For Office Use Only	
Completed By:	Date:	