

Student ID:

REQUEST FOR EVALUATION OF TRANSFER CREDITS FOR THE NURSING PROGRAM

Student's Name:

Mailing Address:			
City:			
Phone:			
College(s) to be evaluated:			
Name(s) as shown on the above c	ollege records:		
Request Date:	Completed by:		
Degree Type: <u>AAS</u> Emphasis 2 Completed evaluation to: WMC			
Send this form to: Records	and Registration	n PO Box 610 Holbro	ok, AZ 8602
or email to: Deena.gillespie	e@npc.edu		

Official transcripts (in original sealed envelope) from previous colleges for all prerequisite and corequisite courses must be submitted to the Records and Registration office at PO Box 610 Holbrook, AZ 86025. In order to guarantee that your transcripts are evaluated by February 15, 2017 we recommend that your transcripts are received in the R&R office by *January 15*, 2017. The online submission version of this form is available at: http://www.npc.edu/nursing-programs-LPN-RN. You may want to follow up with the sending college to make sure that your transcript was sent on time.

Submit this form to the Records and Registration office at the time you order your transcripts so they can be processed and sent to the Nursing Department by the deadline of February 15, 2017. If this form is not received by the Records and Registration office they will not know that you are a potential nursing student. If <u>all</u> of your pre-requisite and co-requisite courses were taken at NPC you do not need to send in this form.