

Request for Evaluation Form **Instructions**

Use this form if you have changed your major and need to have previously transferred credit re-evaluated for your new program of study, if you have a professional license or certificate that needs to be reviewed for credit, or if you have taken coursework at another college/university (or as part of military training) that a faculty member must review to establish as equivalent to a course(s) at CCC.

Step 1 – Student meets with an advisor and/or appropriate academic area faculty member to discuss request.

Step 2 – Student completes form and collects all documents. This may include, but is not limited to: official transcripts, change of major form, professional certification or license, course outlines, syllabi.

Step 3 – Student brings form to one of the following –

- a) **IF** – a request for re-evaluation of transfer credit (#1 on this form) or professional certification (#2 on this form) submit to Registration & Enrollment Services (*electronic or hard copy*).
- b) **IF** – a request for course equivalency (#3 on this form) – submit to appropriate faculty member in academic area for review (*electronic or hard copy*).
 - o When necessary, the faculty member will consult with area Dean for any special degree/certificate substitutions.

***Step 3b** – If faculty/Dean review was necessary, the faculty member will contact the student via their CCC email with determination and information on how to receive the form signed by faculty (if approved).

Step 4 – Student submits (*electronic or hard copy*) completed form to RES. RES will notify students via their CCC student email within 2 weeks from the time of submission once credit has been applied to the student's program.

*****GRADUATING? ***** If you are planning to complete a degree or certificate in the current semester, this form must be submitted no later than the end of the second week of the semester:

- December graduation – Friday of the first week in September
- May graduation – Friday of the third week in January
- August graduation – Friday of the third week in June

IMPORTANT – It is the student's responsibility to follow these instructions and submit this form and any documentation once complete.

- The form will only be accepted directly from the student requesting the evaluation of credit.
- If you are a student receiving financial aid, be sure to check-in with the CCC Financial Aid Office on how transferring credit may affect your financial aid award.



Request for Evaluation Form

see instructions on cover page

Registration and Enrollment Services
Phone: 928-226-4299
Fax: 928-226-4033
enrollment.services@coconino.edu

Student Printed Name: _____ Student @ ID/Comet ID: _____

Date: _____ CCC email: _____ Phone #: _____

Major/Program of Study: _____ Catalog year: _____

**If you don't know the official name of your major or your catalog year, you can find these in Degree Works.*

Reason for submitting this form: _____

Student Signature: _____ Date: _____

REQUEST TO EVALUATE:

1 ___ **Re-evaluation of transfer credit due to major/program of study change** (attach [Change of Major](#) form)

Name of College/University (list all) _____

**This requires that your official transcript is on file with Registration & Enrollment Services.*

2 ___ **Credit for a professional certification** (ex: CNA, EMT, Paramedic license, Firefighter certifications)

Type of certification/license _____

** Attach a copy/copies of any professional certifications or licenses*

~~-----Faculty Approval Required-----~~

3 ___ **Course equivalency** (coursework has not been previously reviewed by faculty)

**This requires that your official transcript, JST, or foreign credential evaluation is on file with Registration & Enrollment Services. Attach copies of course outlines or syllabi for Lead Faculty member and Dean review.*

College/University	Transfer Course(s)	Credits	Equivalent to: CCC Course(s)

Additional courses/notes can be listed on page #2

Notes: _____

Lead Faculty Signature: _____ Date: _____

Additional Course Equivalencies:

College/University	Transfer Course(s)	Credits	Equivalent to: CCC Course(s)

Notes: _____

Lead Faculty Signature: _____ Date: _____