TRANSFER EVALUATION FORM
Procedure for Evaluation of Transfer Credit

1. It is the student's responsibility to request official transcripts from all previous institutions attended. Official transcripts/documents must be sent directly to Atlantic Cape's Admissions Office from the previous institutions.

2. Complete the information below and return it to the Admissions Office. Please allow ten (10) business days for processing once both the form and transcript have been received.

3. For any questions, call Robyn Berenato at 609-343-5006 or e-mail rberenat@atlantic.edu.

CHECK ONE:_____ FIRST EVALUATION _____ RE-EVALUATION

_____ _____ / _____ / _____ (_____) _____ - _____

STUDENT ID: **DATE OF BIRTH:** **PHONE:**

_____

NAME: Last First Maiden/Former Last Name

_____

E-MAIL ADDRESS:

DEGREE PROGRAM/MAJOR AT ATLANTIC CAPE:_____

I AM REQUESTING EVALUATION OF THE FOLLOWING:

_____ College Transcript
_____ Advanced Placement (AP)
_____ Police Academy
_____ Joint Services Military Transcript
_____ CLEP
_____ High School Articulation Agreement
_____ Prior Learning Assessment (PLA)
_____ International Education

COLLEGES TO BE EVALUATED:

1. _____
2. _____
3. _____
4. _____

_____ _____

STUDENT SIGNATURE **DATE**

Apr 2019