

**ATLANTIC CAPE COMMUNITY COLLEGE  
EVALUATION OF TRANSFER CREDITS**

**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. Students must complete the information below and return it to the Admissions Office with a \$20 processing fee. **If the transfer information might be listed under a former or maiden name, please indicate it in the appropriate space below.** The fee must be paid prior to evaluation. Make check or money order payable to ACCC. Return the form with the payment to: Admissions Office, Atlantic Cape Community College, 5100 Black Horse Pike, Mays Landing, NJ 08330. Please allow 6-8 weeks for processing.
3. For any questions, call Barbara Clark at 609-343-5006, 609-463-4774, ext. 5006, or e-mail [bclark@atlantic.edu](mailto:bclark@atlantic.edu)

SS # OR STUDENT ID# \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

NAME \_\_\_\_\_  
Last First Maiden/Former Last Name

ADDRESS: \_\_\_\_\_  
Street City State Zipcode

E-MAIL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DEGREE PROGRAM/MAJOR AT ATLANTIC CAPE: \_\_\_\_\_

Initial Evaluation of Credits       Updated Evaluation of Credits

I AM REQUESTING EVALUATION OF THE FOLLOWING:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> College Transcript (List Below) | <input type="checkbox"/> DD-214 (Military Discharge Form) | <input type="checkbox"/> Advanced Placement |
| <input type="checkbox"/> International Education         | <input type="checkbox"/> AARTS Transcript                 | <input type="checkbox"/> CLEP               |
| <input type="checkbox"/> Police Academy                  | <input type="checkbox"/> SMART/Coast Guard Transcript     | <input type="checkbox"/> Tech Prep          |

COLLEGES PREVIOUSLY ATTENDED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COAST GUARD STUDENTS ONLY:**

Pay Grade \_\_\_\_\_ Rating \_\_\_\_\_ Years of Service \_\_\_\_\_ OPFAC \_\_\_\_\_ Coast Guard Unit \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date