



OFFICE USE ONLY – DO NOT WRITE IN THIS BOX

Date \_\_\_\_\_ Received by \_\_\_\_\_ Due Date: \_\_\_\_\_ PERC Updated:

## ADMISSIONS AND RECORDS OFFICE REQUEST FOR UNIT EVALUATION OF TRANSCRIPTS

Note – **This form does NOT clear prerequisites or perform a course-by-course evaluation.** Please see Counseling for those services.

### PRINT CLEARLY

Name: \_\_\_\_\_ Chaffey ID Number: \_\_\_\_\_  
Last First Middle

Phone: \_\_\_\_\_ Former Names (If applicable): \_\_\_\_\_  
(Area Code)

Birth Date: \_\_\_\_\_ E-Mail (Required): \_\_\_\_\_  
(Notification will be sent to your Chaffey E-mail address if one is on file)

Check one:

- EOPS\*
- Health Science\* \_\_ ADN (Aug/Sept & Feb/Mar) \_\_ RT (Jan/Feb) \_\_ VN (Feb/Mar & Sept/Oct)  
(Choose only during the months indicated above. If not applicable choose standard processing time below.)
- Veterans\* – Submit form directly to VA Certifying Official

\*All transcripts are required. Please allow 10 business days to process

- Standard (All other transcripts) (Allow 6 weeks to process)

Student will receive confirmation by e-mail when evaluation has been completed. Contact the Counseling Department for an appointment at that time, if needed. All transcripts on file will be included in the unit evaluation, provided they are from a regionally accredited institution. It is the student's responsibility to have all transcripts on file at time of submission.

By signing this form, I acknowledge and understand that my transfer units will be incorporated into my Chaffey College transcript and that this will affect total units earned and my cumulative grade point average. I also understand that my registration date as a continuing student will also be affected and that this official entry on my transcript cannot be reversed.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Unit Evaluation Completed on: \_\_\_\_\_ Unable to Complete  E-Mail sent to student on: \_\_\_\_\_

Comments: \_\_\_\_\_