



PimaCommunityCollege

Student Request for Transcript Evaluation

Transcript evaluations are processed through the District Office (DO). DO will send the transcript evaluation requests for Health Related Profession students to the West Campus for evaluation.

Mail, fax (or bring) this request to:

FAX Number: 206-4790

Pima Community College

District Office – Admissions and Records

4905 B. East Broadway Suite 220

Tucson AZ 85709-1120

Please complete this form in order to have your transcript(s) evaluated. Allow a minimum of 4 weeks for completion from receipt of transcript(s).

Are you applying for any of the following Health Related Professions at PCC?

Yes

Please check one:

No

Nursing

Radiology

Dental Hygiene

Respiratory Therapy

Student Identification Number

Phone Number

Name (Current Last, First, Middle Initial)

(Previous Name if Applicable)

Mailing Address

City

State

Zip Code

List all colleges that we have transcripts on file for you.

College Name	Location	Transcript Received? (office use only)		Date Received (office use only)
		Yes	No	
		Yes	No	
		Yes	No	
		Yes	No	

Results of evaluations will be mailed to you. We encourage you to meet with an Academic Advisor to review appropriate use of transfer credits.

Signature

Date

<p>For Office Use Only:</p> <p>Date transcript evaluation request received: _____</p> <p>Date transcript evaluation request completed: _____</p> <p>Evaluated by: _____</p>
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