



Passaic County Community College

Transcript Evaluation Request Form

Directions:

- Complete this form and submit it to the Registrar’s Office. You may hand it in or fax the completed form to 973-279-5337.
- Please check to make sure your official transcripts are attached (in a sealed envelope) or on file at the Admissions office before you submit this form.
- Check your Degree Audit on your portal account in 5-7 business days to view your transfer credits.



ID#/SSN: _____ Phone#: _____ Appt. Date: _____ Appt. Time: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Major: _____

Please check both if applicable: A.A. / A.S. / A.A.S. _____ CERTIFICATE _____

I am requesting a Transcript Evaluation of course work completed at the colleges listed below that will satisfy AA/AS/AAS Degree or Certificate of Completion.

***TRANSCRIPTS TO BE EVALUATED**
(Course descriptions are suggested)

Name of Institution	City & State
Name of Institution	City & State
Name of Institution	City & State

Official transcripts from other colleges attended **MUST** be on file in the Admissions Office prior to submitting this form. **Course descriptions may be requested upon evaluation.**

Please check off all that apply:

- I have applied to Passaic County Community College.
- I am currently enrolled in Passaic County Community College.
- My official transcripts are attached or on file at the Admissions Office.
- I have attached course descriptions from all outside college(s) listed if needed.

***Foreign transcripts must be evaluated by a document service. We recommend World Education Services.**

Signature: _____ Date: _____

Received By: _____ Date: _____

Completed By: _____ Date: _____

Student Notified by Mail On: _____