Complete this form to request an evaluation	of your previous cour	sework.		
Are you applying for the Teacher Certificate Program at PCC?		□ Ye	es 🖵 No	
Are you applying to the Public Safety and Emergency Services Institute at PCC?			es 🖵 No	
Are you applying for a faculty position at PCC?		□ Y	es 🖵 No	
Do you have an application for graduation pending?		□ Ye	es 🖵 No	
Transcript evaluations are completed at the complete. Your request may be reviewed at a CLEP, AP and military evaluations occur up appropriate use of your transfer credits.	another location, deper	nding on your progr	am of study.	
Mail, fax or bring this request to:				
Pima Community College, Office of Admission Γucson, AZ 85709-1120 • FAX Number: 520-2		ast Broadway Blvd.,	Suite 220,	
Pima Student Identification Number Date of Birth				
Name (Last, First, Middle Initial) Previous name, if applicable		applicable		
Mailing Address				
State ZIP Code F		Phone Nun	Phone Number	
List the name(s) of the transcripts you would	d like to have evaluate	d below.		
College Name	Location	Transcript Received (office use only)	Date Received (office use only)	
		Yes No		
Signature		Pate		
For Office Use Only:				
Date transcript evaluation request received:				
Date transcript evaluation request completed:				
Evaluated by:				