Hagerstown Community College
Office of Advising and Registration
11400 Robinwood Drive
Hagerstown, Maryland 21742
Phone: 240-500-2240
www.hagerstowncc.edu

TRANSFER EVALUATION REQUEST

Name:	Date of Birth:
ID Number:	Email:
Home Phone:	Cell Phone:

Directions: A transcript evaluation request should be completed by students wishing to transfer credits from outside institutions into HCC. Evaluations will be conducted only for current HCC students for their active program(s) of study. Evaluations will not be conducted for non-degree seeking and undecided students. An evaluation request will not be processed until official transcripts from **all** previously attended institutions have been submitted to the Office of Records. Transcripts are only considered official if received electronically or in a sealed envelope provided by the sending institution. Transfer credits will only be applied from regionally accredited institutions. National accredited institutions may be reviewed through Credit for Prior Learning.

Before submitting this form the student must meet with an academic advisor to confirm the student's desired program(s) of study. A Change of Major Form needs to be completed and signed by an Academic Advisor if there are any changes to the current academic program on record. **Your evaluation will not be processed without an advisor's signature.**

Student Checklist:

_____ Submit official transcripts for all previously attended institutions. Please list institutions below (including military) _____

_____ Meet with an academic advisor to confirm and declare program(s) of study _____ (code)*

_____ Initial ***I understand that transfer credits applied to my student academic record may impact future financial aid eligibility for course funding.***

_____ Initial ***I understand that if this is not currently my declared major a Change of Major Form needs to be completed with an Academic Advisor along with the Transcript Evaluation Request Form.***

I confirm that I have met with an academic advisor and reviewed the program(s) of study for which my evaluation will be completed. I acknowledge that if I change my program(s) of study, I must submit a new request and meet with an academic advisor again before another evaluation will be completed. I acknowledge that transfer credits applied to my student academic record may impact financial aid eligibility.

Student's Signature: _____ Date: _____

_____ _____ Date:_____
Advisor's Name (print) Advisor's Signature

Advisor's Notes: