



TRANSFER EVALUATION FORM
Procedure for Evaluation of Transfer Credit

- 1. It is the student’s responsibility to request official transcripts from **all** previous institutions attended. Official transcripts/documents must be sent directly to Atlantic Cape’s Admissions Office from the previous institutions.
- 2. Students must complete the information below and return it to the Admissions Office with a \$25 processing fee. **If the transfer information might be listed under a former or maiden name, please indicate it in the appropriate space below.** The fee must be paid prior to evaluation. Make check or money order payable to ACCC. Return the form with the payment to: Admissions Office, Atlantic Cape Community College, 5100 Black Horse Pike, Mays Landing, NJ 08330. Please allow 6-8 weeks for processing.
- 3. For any questions, call Barbara Clark at 609-343-5006, 609-463-4774, ext. 5006, or e-mail bclark@atlantic.edu

STUDENT ID: _____ DATE OF BIRTH: _____

NAME: _____
Last First Maiden/Former Last Name

ADDRESS: _____
Street City State Zip Code

E-MAIL ADDRESS: _____ PHONE: _____

DEGREE PROGRAM/MAJOR AT ATLANTIC CAPE: _____

I AM REQUESTING EVALUATION OF THE FOLLOWING:

- College Transcript (List Below) Joint Services Military Transcript Advanced Placement
- International Education Prior Learning Assessment CLEP
- Police Academy High School Articulation Agreement

COLLEGES PREVIOUSLY ATTENDED:

Student Signature

Date