



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. **If the transfer information might be listed under a former or maiden name, please indicate it in the appropriate space below.** Return the form to: Admissions Office, Atlantic Cape Community College, 5100 Black Horse Pike, Mays Landing, NJ 08330. Please allow two (2) 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:

- | | | |
|--|---|---|
| <input type="checkbox"/> College Transcript (List Below) | <input type="checkbox"/> Joint Services Military Transcript | <input type="checkbox"/> Advanced Placement |
| <input type="checkbox"/> International Education | <input type="checkbox"/> Prior Learning Assessment | <input type="checkbox"/> CLEP |
| <input type="checkbox"/> Police Academy | <input type="checkbox"/> High School Articulation Agreement | |

COLLEGES PREVIOUSLY ATTENDED:

Student Signature

Date