



Request for Evaluation

- FALL 20__
- SPRING 20__
- SUMMER 20__

Enrollment Services Department

Phone: (951) 465-7887

e-Document Submission: <https://msjc.edu/hub/>

STUDENT INFORMATION

Name: _____ Student ID#: _____

Email: _____ Phone #: _____

EVALUATION OF RECORDS

Request for Evaluation of Transcripts:

Colleges Attended: _____

All transcripts must be received prior to request for evaluation. You will be notified by e-mail when your evaluation is complete. Login to Self-Service Student Planning to view your Evaluation results. Please note that equivalencies may not be possible without course descriptions. **You may be required to obtain course descriptions or other supporting documentation for department chair review.**

Course Substitution or Review for Equivalency:

Course and Institution: _____

MSJC Course/GE Area Requirement: _____

Additional supporting documentation may be required, such as course description, syllabi, etc. Further review from the department chair may be needed.

Academic Renewal:

Course(s) and Term: _____

Please see MSJC Catalog for requirements and review with a counselor prior to submitting request. If requesting Academic Renewal based on coursework completed at another institution, official transcripts must be received.

Articulated Exam:

Select one: AP CLEP IB Other: _____

Subject areas: _____

Official scores must be received.

Student Comments:

Student Signature (Required)

Date