



PREREQUISITES MUST BE COMPLETED OR IN FINAL SEMESTER OF COMPLETION BEFORE SUBMITTING AN EVALUATION REQUEST.**

****If in the final semester, please state so in comments and attach proof of enrollment in course.**

REQUIREMENTS: (Please check if completed)

- All Official Transcripts from other colleges attended attached or already submitted to Enrollment. **(Electronic transcripts can be submitted to officialtranscripts@msjc.edu)**
- Student has met with an MSJC counselor to review: pre-requisite requirements, official transcripts from all institutions attended, and verification of science courses.
- In class verification of science courses, if not taken at MSJC (EXAMPLE: Registration statement, Class schedule, etc.) As of now, the School of Nursing & Allied Health is accepting online/hybrid courses ONLY if taken Spring 2020 through Summer 2020 semesters due to "stay at home" policy.
- State in comments if in final semester of prerequisites with attached proof (unofficial transcript showing enrollment in course)
- State in comments if applying for graduation.

Evaluation Request form must first be verified and signed by a counselor; student must then submit the form to the Enrollment Services Virtual Drop Box at www.msjc.edu/hub.

Forms must be submitted by the deadline date listed for application consideration.

*****Any incomplete packets will be returned to the student if failure to provide the above*****

EVALUATION REQUEST FORM - NURSING & ALLIED HEALTH PROGRAMS

THIS IS NOT AN APPLICATION FOR THE NURSING OR DMS PROGRAM

REQUIREMENT: (Please check if completed)

- All Official Transcripts from other colleges attended attached or already submitted to Enrollment. **(Electronic transcripts can be submitted to officialtranscripts@msjc.edu)**
- Student has met with an MSJC counselor to review: pre-requisite requirements, official transcripts from all institutions attended, and verification of science courses.
- In class verification of science courses, if not taken at MSJC (EXAMPLE: Registration statement, Class schedule, etc.) As of now, the School of Nursing & Allied Health is accepting online/hybrid courses ONLY if taken Spring 2020 through Summer 2020 semesters due to "stay at home" policy.
- Evaluation Request Form must be submitted by the deadline date listed for application consideration

Counselor Signature _____

Date _____

*****Any incomplete packets will be returned to the student if failure to provide the above*** requested documentation. *****

EVALUATION REQUEST DEADLINES

Evaluate my transcripts to verify program course prerequisites, GPA, and degree requirements for the following Nursing & Allied Health Program: **Check the program you are requesting to be evaluated:**

ADN Evaluations will be accepted: July 1st - December 1st (For Feb. 1 App) April 1st - July 1st (For Sept. 1 App) Nursing ADN Applications <input type="checkbox"/> Filing period: February 1 - 15 <input type="checkbox"/> Filing period: September 1 - 15	DMS Evaluations will be accepted: July 1st - December 1st DMS Applications <input type="checkbox"/> Filing period March 1 - 15	LVN-RN Transition Evaluations will be accepted: April 1st - July 1st **Nursing LVN-RN Applications** <input type="checkbox"/> Filing period: September 1-15
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****For LVN-RN students: please submit a copy of a current California LVN license with this request form**

Student Name: _____ ID#: _____
Mailing Address: _____ Phone #: _____

City State Zip Email: _____

I understand all pre-requisite coursework must be completed or in progress (final semester). I have submitted OFFICIAL transcripts from all schools attended to Enrollment Services. I am requesting evaluation for NAHD program eligibility. I understand this is **NOT** an Application into any of the above mentioned Nursing and Allied Health Programs. Once I have received confirmation of eligibility to apply, I will need to complete and submit an application to the Nursing and Allied Health Department during the above program application filing period. *If evaluation does not have an expiration date, it will expire 9 months after date listed on cover letter.*

Student Signature _____

Date _____

List all Colleges attended: _____

Comment(s): _____

FOR OFFICE USE ONLY

Course prerequisites completed Course prerequisites incomplete See enclosed Academic Evaluation

Comments: _____

Evaluation Completed by: _____ Date: _____