



TRANSFER CREDIT EVALUATION REQUEST FORM

A transcript evaluation will be completed if you are currently accepted in the UH System and Kaua'i Community College is your designated home institution. Transcripts will be evaluated ONLY after receiving ALL official transcripts listed. ***This form will be valid for one year beginning from the receipt date. Please ensure that ALL requirements listed below are completed before submitting this form:***

1. Kaua'i Community College is your current home institution and you are accepted into a declared program.
2. All official transcripts from EACH non-University of Hawai'i institution has been requested to be sent directly to the Admissions & Records (A&R) Office. Transcripts sent via fax or personally delivered/mailed are not acceptable.
3. Course descriptions and/or syllabi may also be required. It is recommended that you request course descriptions along with the official transcript.
4. International transcripts and course descriptions must be in English or translated into English by the primary college/university.

Please allow 3-4 weeks for processing. You will be notified through your hawaii.edu email when official transcripts are received and once the official evaluation(s) is complete.

Name: _____
Last First MI

Previous Name(s): _____

UH Number: _____ **or UH Email:** _____@hawaii.edu

Address: _____ **Phone:** _____

Current Major: _____

(You are required to notify the A&R Office or submit a new request form if you change your major from the one stated above.)

NAME OF INSTITUTION	ATTENDANCE PERIOD	OFFICE USE ONLY Transcript Received
1.		
2.		
3.		
4.		
5.		

By signing below, I understand that I am responsible for completing the criteria listed above before submitting this form to the Admissions & Records Office. I also understand that, upon written request, I may be required to provide an official course description(s), college catalog, and/or course syllabus from my former institution(s).

Student Signature: _____ **Date:** _____

OFFICE USE ONLY	COMMENTS:
KAU Home Institution <input type="checkbox"/> YES <input type="checkbox"/> NO Processed by: _____ Date: _____	