



PO Box 69, Greeley, CO 80632  
Fax: 970-506-6958

# Transfer Credit Evaluation Request

(for students planning to complete an Aims Degree or Certificate)

USE THIS FORM FOR  
CREDIT EVALUATIONS OF:  
◇ College transcripts  
◇ Standardized Tests (CLEP, AP, etc)  
◇ Published Guides (Military training, etc.)

**PLEASE PRINT**

\_\_\_\_\_  
Name (Last, First, Middle)

A \_\_\_\_\_  
Aims Student ID

\_\_\_\_\_  
Previous Name(s), if different from current name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number  
XXX -- XX --

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

Change/update my address in your records

\_\_\_\_\_  
Aims Advisor

**Aims Degree or Certificate sought (a degree or certificate MUST be indicated for evaluation to be processed):**

- AA: Associate of Arts, Liberal Arts       AS: Associate of Science, Liberal Arts

*Emphasis (if Applicable):*

- Early Childhood Education  
 Business Transfer  
 Elementary Education  
 Criminal Justice

AAS: Associate of Applied Science: \_\_\_\_\_ Major (required)

AGS: Associate of General Studies: \_\_\_\_\_ Major (required)

Occupational Certificate: \_\_\_\_\_ Major (required)

**Admissions & Records Only  
Received:**

School, Institution, or Test to be evaluated:	City, State:	Transcript Status:
_____	_____	<input type="checkbox"/> Ordered <input type="checkbox"/> Will Order
_____	_____	<input type="checkbox"/> Ordered <input type="checkbox"/> Will Order
_____	_____	<input type="checkbox"/> Ordered <input type="checkbox"/> Will Order
_____	_____	<input type="checkbox"/> Ordered <input type="checkbox"/> Will Order
_____	_____	<input type="checkbox"/> Ordered <input type="checkbox"/> Will Order

**In order to have transcripts or tests from other institutions evaluated students MUST:**

- Have **OFFICIAL SEALED** transcripts from all applicable institutions sent to Aims Community College.
- Complete this Transfer Credit Evaluation Request form and return it to any Aims Community College campus. If you're unsure which Aims program you will be completing, please consult with an advisor prior to completing this form.
- Have a current Admissions Application on file at Aims.
- **Unofficial and Opened Official transcripts will not be evaluated.**

It is the student's responsibility to provide course descriptions and/or syllabi of previously completed courses when requested.

**\*\*\*Allow 30 days for processing once all documentation listed above has been received by the Admissions office.\*\*\***

**EVALUATION RESULTS WILL BE E-MAILED TO THE STUDENT'S AIMS EMAIL ACCOUNT AND THE ADVISOR ON RECORD.**

I have read and agree to the terms stated above:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_