



# HEALTH AND WELLNESS PATHWAY NURSING AND ALLIED HEALTH PROGRAMS TRANSCRIPT EVALUATION REQUEST FORM

This form must first be verified and signed by a counselor; the student must then submit the form to the Enrollment Services Virtual Drop Box (e-Document Submissions: Secure Document Upload) through the Student Support Hub - [www.msjc.edu/hub](http://www.msjc.edu/hub) by the specified deadline below.

**Counselor Signature (Required)** \_\_\_\_\_ **Date** \_\_\_\_\_

Incomplete packets will be returned to the student if failure to provide required documentation, signature by counselor, student information, and/or unchecked program(s).

<b>ADN &amp; LVN-RN</b>	<b>DMS</b>	<b>RAD TECH</b>
<b>Evaluations accepted:</b> <ul style="list-style-type: none"> <li>July 1<sup>st</sup> - December 1<sup>st</sup> for application filing period of February 1-15</li> <li>April 1<sup>st</sup> - July 1<sup>st</sup> for application filing period September 1-15</li> </ul>	<b>Evaluations accepted:</b> <ul style="list-style-type: none"> <li>July 1<sup>st</sup> - December 1<sup>st</sup> For application filing period: March 1-15</li> </ul>	<b>Evaluations accepted:</b> <ul style="list-style-type: none"> <li>July 1<sup>st</sup> - December 1<sup>st</sup> For application filing period: April 1-15</li> </ul>

**Check the program(s) you are requesting to be evaluated.**

ADN Program   DMS Program   \*LVN-RN Program   RAD Tech Program

\*LVN-RN students: please submit/attach a copy of your current license from the Breeze website with this request form. If you are applying to the LVN-RN Program and are interested in applying to ADN program as well, please check both options

**Student Name:** \_\_\_\_\_ **ID#:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**City State Zip** \_\_\_\_\_

**MSJC Student and/or Personal Email:** \_\_\_\_\_

**List all colleges attended:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

I understand all pre-requisite coursework must be completed or in progress (final semester). I have submitted OFFICIAL transcripts from all schools attended to the Enrollment Services department. 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. I have met with an MSJC Counselor to review admission pre-requisites requirements. 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(s). I understand that this Evaluation Request will expire 12 months after date listed on my Program Notes. All communication will be sent through my MSJC student email and/or my personal email. My updated information regarding my Evaluation will be found in my Program Notes in my progress screen. An incomplete request form will be returned.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### FOR OFFICE USE ONLY

Course prerequisites completed    Course prerequisites incomplete    See enclosed Evaluation

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evaluation completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_