

Request evaluation only if you plan to earn a degree/certificate at Highline. This form should be received with, or at least precede, our receipt of your official transcripts. To be eligible for transfer, any coursework must be from a regionally accredited college or university, reflect a minimum grade of a D/1.0 and result in a transfer/Highline combined college-level GPA of 2.0 or higher. You may also request evaluation of US military education and AP/CLEP/IB test scores.

Evaluation can take up 12 weeks. To register in courses with prerequisites prior to official evaluation, we encourage you to request entry codes: <https://registration.highline.edu/registration/entry-codes/>

Student Information

Last Name	First Name	M.I.	ctcLink ID Number
Mailing Address		City	State ZIP Phone
myHC Email (example@students.highline.edu)		All Previous Names Used	

List ALL Institutions from which you Requested Transcripts *Evaluation will begin when we have all transcripts.*

1.	4.
2.	5.
3.	6.

Program of Study at Highline *www.highline.edu/what-we-offer/programs-a-z/*

Not sure which box to check? Please speak with your advisor prior to submitting this form if you need help determining your program of study.

Your Program of Study determines how your transcript will be evaluated. If you do not indicate a valid program, your evaluation will be based on a general AA degree. If you change your program in the future, you may need to submit a new evaluation request.

- Associate of Arts: Direct Transfer Agreement (DTA) Degree
- Specialized Associate Degree in: Pre-Nursing Biology Business
- Associate of Science (AS) in: Biology Chemistry Computer Science Engineering Physics
- Professional-Technical (AAS / AAS-T / Certificate) in: _____ *(write Program Name)*

Selective Admissions Programs (RN, RC, BAS) *Expedited evaluation occurs with paid application fee.*

I have paid the selective admission Application Fee and applied to a:

- | | |
|---|--|
| AAS (prof-tech associate degree) in:
<input type="checkbox"/> Registered Nursing <input type="checkbox"/> Respiratory Care | BAS (applied bachelor degree) in:
<input type="checkbox"/> Cybersecurity & Forensics <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Youth Development
<input type="checkbox"/> Global Trade & Logistics <input type="checkbox"/> Teaching & Early Learning |
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Statement of Understanding

I have read and understand the information on this form. I know that any records submitted become the property of Highline College and will not be returned. I authorize the recording of transfer credits to my Highline record.

Student Signature _____ Date _____

Submit Your Form *Questions? Email us at incomingtranscripts@highline.edu*

In person to: Registration & Records, Building 6	Email to: incomingtranscripts@highline.edu	Mail to: PO Box 98000 MS 6-4 Des Moines WA 98198
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