

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.	Student 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/](http://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:  | BAS (applied bachelor degree) in:   |
| <input type="checkbox"/> Registered Nursing <input type="checkbox"/> Respiratory Care | <input type="checkbox"/> Cybersecurity & Forensics <input type="checkbox"/> Respiratory Care <input type="checkbox"/> Youth Development<br><input type="checkbox"/> Global Trade & Logistics <input type="checkbox"/> Teaching & Early Learning |

### 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 <a href="mailto:incomingtranscripts@highline.edu">incomingtranscripts@highline.edu</a>	
In person to: Registration & Records, Building 6	Email to: <a href="mailto:incomingtranscripts@highline.edu">incomingtranscripts@highline.edu</a>	Mail to: PO Box 98000 MS 6-4 Des Moines WA 98198