MSJC
Mt. San Jacinto College

San Jacinto Campus
1499 N. State Street
San Jacinto, CA 92583
(951) 487-MSJC (6752)

Menifee Valley Campus
28237 La Piedra Road
Menifee, CA 92584
(951) 672-MSJC (6752)

EVALUATION REQUEST FORM - NURSING & ALLIED HEALTH PROGRAMS

REQUIREMENT: An Evaluation Request Form and Official Transcripts must be submitted from **ALL** other colleges attended to Enrollment Services by the deadline date listed below for application consideration.
THIS IS NOT AN APPLICATION FOR THE NURSING OR DMS PROGRAM

Evaluate my transcripts to verify program course prerequisites, GPA, and degree requirements for the following Nursing & Allied Health Program:

Check mark the program you are requesting to be evaluated

✦ Nursing ADN Applications
Filing period February 1 - 28

✦ Nursing LVN-RN
Filing period September 1 – 15

✦ DMS Applications
Filing period March 1 – 31

Student Name: _____   ID#: _____

Mailing Address: _____   Phone # _____
                Number   Street

_____   Email _____
      City   State   Zip

Fall Program - ADN & DMS Evaluation deadline is December 1st	**Spring Program - LVN-RN Transition** Evaluation deadline is July 1st

I understand all pre-requisite coursework must be completed or in progress. I have submitted OFFICIAL transcripts from all schools attended to Enrollment Services. I am requesting evaluation for NAHU program eligibility. I understand this is NOT an Application into any of the above mentioned Nursing and Allied Health Programs. Once I have received confirmation of eligibility to apply, I will need to complete and submit an application to the Nursing and Allied Health Unit during the program application filing period.

Student Signature _____   **Date** _____

List all Colleges attended: _____

_____

Comment(s): _____

_____

FOR OFFICE USE ONLY
☐ Course prerequisites completed   ☐ Course prerequisites incomplete   ☐ See enclosed Academic Evaluation

Comments: _____
_____

Evaluation Completed by: _____   Date: _____