

Hill College

Health Science

Course transcript/description evaluation request.

Prospective Students Name: _____

Prospective Student's Major (check only one)

- Vocational Nursing ADN Transition MEEP
 Echocardiography Technician Pharmacy Technician
 EMT – Basic EMT - Paramedic

Phone number _____ Email _____

Date sent to evaluator: _____ Date returned from Evaluator: _____

Documents for evaluation:

Official College Transcript(s) Course Description(s) Syllabus

Course(s) for evaluation

College(s)/year attended

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |

Student is seeking possible entry in one of the Hill College Health Science Programs noted above. The listed course work needs to be evaluated for comparability to the curriculum requirements for the applicable nursing program.

Response from Evaluator:

- _____
- _____
- _____
- _____

Initiator: _____ Date: _____

Director of Nursing: _____ Date: _____

Enrollment Management: _____ Date: _____