

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:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Initiator: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Nursing: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Management: \_\_\_\_\_ Date: \_\_\_\_\_