

MATHEMATICS DIVISION

Request For Transfer Credit Evaluation for Elementary Teacher Education PACE Return to: Jamie Newell, North Idaho Pace Coordinator,

Email: jjnewell@lcsc.edu or Fax: (208) 666-6712

Name:	_ LCSC Id #:(if assigned)	
Mailing Address:	SSN:	
City, State, Zip:	Date of Birth:	
Email Address:	_ Phone:	
(Print clearly, correspondence is sent via email.)		
When do you plan to start taking LCSC courses?	Semester: Year:	
Minimum requirements for entrance into the Elementa	ry PACE program are:	
 An associate degree or equivalent coursework. Completion of specific general education core class Program. GPA 3.0 Commitment to attend two, consecutive, on-camputation. 		
Please list institutions you have attended and indicate type of degree earned.		
Attach Legible Unoff	icial Transcripts	
Institution Years Atte	nded Type of Degree	
Note: Attach all unofficial transcripts and enclose with this form;		
For Office U	se Only	
Date received: Check Datatel for: If student is in Datatel print TRAN request transcript companies (PRSP) print TRER request advising transcript companies (PRSP)	opies from Admissions, if needed script from Registrar, if student record precedes Datatel (1994)	
If student is NOT in Datatel: fax this form to admissions requesting a prospect record by the check for attached copies of transcripts make a new unofficial file.	pe made.	
Evaluation Done by	Date:	

Date: _____

Email/Letter Sent by: __