## LCSC EDUCATION & KINESIOLOGY DIVISION REQUEST FOR TRANSFER CREDIT EVALUATION

Return to: LCSC Education & Kinesiology Division, 500 8th Avenue, Lewiston ID 83501.

Name:	LCSC Id #:
Mailing Address:	
City, State, Zip:	
Email Address:	Dhana
Please list the Institutions you have attended and indicate type of degree earned. Attach Transcripts	
1. Do you have a bachelor's degree?	Yes No
If yes, In what area is your bachelor's o	degree'?
2. Are you currently enrolled at LCSC?	Yes No
If not, have you ever been enrolled at I	LCSC? Yes No
3. In which major are you interested? (check one)    Elementary Education degree program   For those with a bachelor's degree:   Kinesiology degree program (non-teaching)   Elementary Education certification   Secondary Education certification   Secondary Education certification   Special Education certification (req's Idaho tchg cert)   Secondary Education degree program   If secondary education, what subjects do you wish to teach?	
<ul> <li>4. In which program are you interested? ☐ Mostly on campus classes</li> <li>☐ Mostly distance learning classes (PACE)</li> <li>5. Is there anything else you would like us to know/consider while doing your evaluation such as currently enrolled courses at another college?</li> </ul>	
Note: This evaluation will take several weeks. You will receive an email or letter. Thank you.	
For Office Use Only	
Date received:	
If either of #2 is yes then: Check Datatel for: ID#(PRSP) print TRAN name (PRSP) print TRER clean the file If 2 are both no, then: check Datatel for an id# using PRSP check for attached copies of transcripts make a new unofficial file	Request: transcript copies from Admissions if needed advising transcript from Registrar if student record precedes Datatel (1994)
	Date
Evaluation Done by Email/Letter Sent by	Date Date