LCSC Teacher Education - PACE Request For Transfer Credit Evaluation for Elementary Teacher Education

Return to: Melinda Tompkins, LCSC PACE Program Coeur d'Alene,

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

Name:	LCSC Id #: (if	LCSC Id #: (if assigned)	
Mailing Address:	SSN:	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:	
Program.GPA 3. 0Commitment to attend two, consecutive	coursework. cation core classes prior utive, on-campus, 8-week	to admittance to the Teacher Education a summer sessions.	
Please list institutions you have attended and i Atta	ndicate type of degree earn ch Legible Unofficial Tra		
Institution	Years Attended	Type of Degree	
Note: Attach all unofficial transcripts and enclose		ive your evaluation by email. Thank You	
Date received:	For Office Use Only		
Check Datatel for: If student is in Datatel ID#(PRSP) print TRAN requ		ssions, if needed r, if student record precedes Datatel (1994)	
Evaluation Dans be-		Data	
		Date	