PCID: ______________________________

Student Name: ____________________________
(Please print) Last First Middle Initial

Health Profession Program: ________________________________

Contact information to notify student that transcript(s) have been evaluated:

Phone number: ________________________________

E-mail address: ________________________________

Transcripts to be evaluated:

__________________________________________

RETURN TO: Parkland College
Office of Admissions & Records – U-214
2400 W. Bradley Ave.
Champaign, IL 61821

Fax number: (217) 353-2640
Phone number: (217) 351-2482
Email address: bchepan@parkalnd.edu if your last name begins with A - M
dkaczor@parkland.edu if your last name begins with N - Z

1. If you change your program of study, you may benefit from requesting a new evaluation of possible transfer credit through Counseling & Advising.

2. You will be notified via an email or phone call when the evaluation is complete.