



### Health Profession - Request for Transcript Evaluation

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@parkland.edu](mailto:bchepan@parkland.edu) if your last name begins with A - K  
[sihartman@parkland.edu](mailto:sihartman@parkland.edu) if your last name begins with L - 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.