REQUEST FOR EVALUATION OF TRANSFER CREDITS
FOR THE NURSING PROGRAM

Student’s Name: ______________________________ Student ID: ________________

Mailing Address: ________________________________________________________

City: ___________________________ State: ___________ Zip Code: _____________

Phone: ________________________________________________________________

College(s) to be evaluated: ________________________________________________

________________________________________________

Name(s) as shown on the above college records: _______________________________

________________________________________________

Request Date: _____________ Completed by: ________________________________

Degree Type: AAS  Emphasis Area: Nursing

Completed evaluation to: WMC Nursing Department

Email or mail this form to: evaluations@npc.edu

NPC Records and Registration PO Box 610 Holbrook, AZ 86025

or simply send an email with all of the above requested information listed
and the subject line as: Request for Evaluation of Transfer Credits for Nursing

Official transcripts (in original sealed envelope) from previous colleges for all prerequisite and co-
requisite courses must be submitted to the Records and Registration office at PO Box 610 Holbrook,
AZ 86025. You may want to follow up with the sending college to make sure that your transcript was
sent on time.

Submit this request to the Records and Registration office at the time you order your transcripts so they
can be processed and sent to the Nursing Department by the application deadline date. If this request is
not received by the Records and Registration office they will not know that you are a potential nursing
student. If all of your pre-requisite and co-requisite courses were taken at NPC you do not need to send
in this request.

This form is available online at: http://www.npc.edu/nursing-programs-LPN-RN.