MDT College of Health Sciences

Transcript Evaluation Request Form

Please note that evaluations are not processed until all official transcripts are received. An official transcript is one that is received by MDT College of Health Sciences (MDT) Office of Admissions in a sealed envelope from an outside institution. It is the student's responsibility to contact all appropriate institutions to request that official transcripts be sent directly to MDT Office of Admissions, at 325 Alpha Park, Highland Heights Ohio 44143. Opened transcripts are unofficial and will not be accepted by MDT. If you have transcripts from foreign institutions, please consult the Office of Admissions for additional requirements.

Official transcripts will be processed within 5-7 business days upon receipt. This process may take longer during peak periods, or if there are courses listed on the transcript(s) that require course descriptions for which ATS does not have the institutions' course catalog on file.

Once your evaluation is complete, you will be notified to schedule an appointment to review the results of the evaluation.

First Name: _____   SSN: _____

Last Name: _____   Maiden Name: _____

Did you graduate from approved RN Program: Yes: ☐   No: ☐

If Yes: Graduation Date: _____

Name of Institution: _____

Transcript Received: Yes: ☐   No: ☐   GPA: > = 2.8   ☐   GPA <   2.8   ☐

Admissions Director: _____

Reason for Evaluation:

☐ Transfer Credits: _____

TRANSCRIPT INFORMATION:

Please list the institutions from which we should expect to receive transcripts:

Institution	Official MDT Use Only	
	Date Received	**Staff Initials**
1.		
2.		
3.		
4.		

☐ Check here if you have taken nursing courses less than 1 year ago and are interested in advanced placement.

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Please list subject taken which are proposed for transfer:

Subject	Dates or Semester /Quarter Taken	Institution Number from the table above	Official MDT Use Only (1qtr hr equal to .666 Semester Hours)				Key Code	Corresponding MDT Course Title and Number
			Semester Hours Earned	Approved for Replacement of Placement	Approved for Transfer	Not Approved		

Key code: 1 – Does not have required credit hours; 2 – Information Out of Date 3 – Developmental Course

Note: Only approved courses will be transferred.

When my transcript(s) have been evaluated, please notify me by:

☐   Mail: _____

☐   Phone: _____

☐   Email: _____ (Preferred Method)

Student Signature: _____   Date: _____

Form Completed By: _____   Date: _____

MDT Admissions Director