

## **Request for Transfer Credit Evaluation**

Registrar's Office 950 Main Street

Hartford, CT 06103 Phone: 860-906-5123

Email: Ca-Registrar@capitalcc.edu Fax: 860-906-5119

## Are you graduating this current semester? □YES □NO

Date:	_	Student ID#:	
Last Name:	_	First Name:	
Address:			
City:	_ State:	Zip Code:	
Phone/Cell Number:	_ Email:		
<ul> <li>Contact each of your previous colorfice at the address above. An office are awarded to see accordance with college policy. Place When the evaluation is complete, you accordance Transcript. Any transfer complete students interested in program do not have their credits programs. These evaluations are programs.</li> </ul>	fficial electror atisfy requirer ease refer to bu can log on t redit awarded by Nursing, Para transferred ov	nic transcript may also be sent ments for your current prograthe current college catalog for o myCommNet, at <a href="http://my.co">http://my.co</a> by Capital will display with a grad medic, and/or Radiologic Tech wer until they are accepted into	t.  ram of study and in  r more information.  commnet.edu, and view your  de of TR on your transcript.  nnology  o these
➤ What is your Current Program of Study?			
Degree Type (check one): Asso	_	Certificate 	
List each of your pre	vious college	s that have sent official tran	nscripts: