



**ASSOCIATE OF APPLIED SCIENCE
in EMERGENCY MEDICAL SERVICES**

TRANSCRIPT EVALUATION REQUEST

Name _____ COCC ID # _____

Phone _____ E-Mail Address _____

Mailing Address _____

City _____ Zip Code _____

List institutions whose credits you want evaluated: **TRANSCRIPTS MUST BE ATTACHED.**

- Check here if you would like **COCC transcripts** to be included in the evaluation. You **do not** need to attach COCC transcripts.

Attached transcripts are:

- Official**, in sealed envelope from institution. These transcripts will be held and added to your EMS application packet.
- Unofficial**. Unofficial transcripts can be used for evaluation purposes. However, official transcripts must be included in the EMS application packet for coursework to be considered for EMS admission purposes.

Transcripts are evaluated for EMS admission purposes only. COCC is not required to accept all credits from other institutions. Submitted transcripts from other institutions cannot be returned or photocopied.

Signature _____ Date _____

Completed evaluations will be emailed to the address provided above. If an email address is not provided, it will be mailed to the address above. Please allow 14 business days for processing.

Please submit to:
Assistant Director of Admissions and Records
Boyle Education Center
2600 NW College Way
Bend, OR 97701