



# TRANSFER CREDIT EVALUATION REQUEST

## For Limited Entry Students

CSN accepts transfer credit from regionally accredited institutions. Credits may apply towards a degree and major offered at CSN and are subject to graduation requirements. (Students must be admitted prior to evaluation.)

1. Submit official transcripts in original unopened envelope to the Office of the Registrar in person at any of our three main campuses or mail directly to: Office of the Registrar, 3200 E Cheyenne Ave CYF110, North Las Vegas, NV 89030. Electronic transcripts may be sent via a secure provider by the institution to transfer.credit@csn.edu. **Transcripts sent electronically by student will be considered unofficial thus ineligible for evaluation.** (Students who attended a higher education institution outside of the USA must have their credits evaluated by a foreign credential evaluation company. CSN accepts comprehensive or course by course evaluations from members of the National Association of Credential Evaluation Services. For a listing of these members, please go to <http://www.naces.org/members.htm>. This official evaluation and translation, in addition to official copies of the transcripts in sealed envelopes, must be submitted to the CSN Office of the Registrar.)
2. Contact the Office of the Registrar at (702) 651-4060 to confirm all transcripts listed below have been received.
3. Once all transcripts listed below have been received, complete this form and submit to the Office of the Registrar.
4. Please allow 1 to 2 weeks for the evaluation of your transcripts. **Limited Entry programs will receive priority evaluation.**
5. Once the evaluation is complete, an email will be sent to the e-mail address provided on your MyCSN Student Center.  
The Office of the Registrar strongly recommends students meet with an academic counselor after the evaluation is complete.

|                        |           |            |             |
|------------------------|-----------|------------|-------------|
| _____                  | _____     | _____      | _____       |
| Student ID (NSHE ID #) | Last Name | First Name | Middle Name |

|              |               |
|--------------|---------------|
| _____        | _____         |
| Former Names | Email Address |

- I am applying for a limited entry program. The deadline is: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_
- I have previously submitted transcripts from the institution/s listed below, but am now submitting an updated transcript from the same institution/s with additional course/grade information.

### CSN recommends all post-secondary institutions ever attended be evaluated.

List previous post-secondary institutions or exams (see Course Catalog for list of approved exams) from which you wish to transfer credits. Please only indicate official transcripts that you have confirmed CSN has received.

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

- I understand that CSN recommends I have all previously attended post-secondary institutions evaluated.
- I am allowing CSN to evaluate the transcripts from the institutions listed above.
- I understand only the transcripts received prior to the submittal of this form and listed above will be evaluated.
- I understand if I decide to have additional schools evaluated, I will need to submit a new Transfer Credit Evaluation Request Form and it will be considered a new evaluation to be processed in the regular processing time.

|           |       |
|-----------|-------|
| _____     | _____ |
| Signature | Date  |

| <b>Official Use Only</b>  |                                 |
|---|---------------------------------|
| <input type="checkbox"/> Receipt email sent <input type="checkbox"/> Courses typed <input type="checkbox"/> Evaluated <input type="checkbox"/> Email sent <input type="checkbox"/> Schools listed approved<br>Schools were denied: _____<br>Comments: _____<br>_____<br>_____ | Front Desk<br><br>DATE<br>STAMP |