



Health Profession - Request for Transcript Evaluation

PCID: _____

Student Name: _____
(Please print) Last First Middle Initial

Health Profession Program: _____

Contact information to notify student that transcript (s) have been evaluated:

Phone number: _____

E-mail address: _____

Transcripts to be evaluated:

RETURN TO: Parkland College
Office of Admissions & Records - U-214 2400 W. Bradley Ave.
Champaign, IL 61821

Fax number: (217) 353-2640

Phone number: (217) 351-2482

Email address: cwhite@parkland.edu if your last name begins with A - K
cwhite@parkland.edu if your last name begins with L - Z

1. If you change your program of study, you may benefit from requesting a new evaluation of possible transfer credit through Counseling & Advising.
2. You will be notified via an email or phone call when the evaluation is complete.