



**Hinds Community College**  
**Office of Financial Aid**  
**2019-2020**  
**Request for Evaluation of Credits for**  
**New Program of Study**

**Office Use Only:**

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Received by: \_\_\_\_\_  
FA19CEVL

**A. STUDENT INFORMATION**

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      ID Number **(REQUIRED)**                      Phone number

**B. PROGRAM OF STUDY**

Please review my transcript for credits applicable to my new Program of Study. (Check the appropriate boxes below to indicate what your new program of study will be. If a Career/Technical program list new program of study.)

**Academic**      ☐ AA Degree – General Program of Study                      ☐ AA Degree – Commercial Aviation

**Career/Technical**, please check which degree/credential(s) you will be pursuing:

☐ AAS Degree                      ☐ Technical Certificate                      ☐ Career Certificate

New Program of Study: \_\_\_\_\_  
(Ex. - Business and Office Technology - Health-Care Data Technology)

I am requesting this evaluation to attend the following semester:

Fall, \_\_\_\_\_                      Spring, \_\_\_\_\_                      Summer, \_\_\_\_\_

Please check all of the following statements, which are applicable to you:

- ☐ I have completed research about the job opportunities related to this program of study.
- ☐ I have met with an academic or career/technical counselor and used the Student Planning tool on *My.Hinds* to develop a plan for completing this program of study.
- ☐ I have enrolled in classes which are applicable to my program of study.
- ☐ I plan to complete this program of study and graduate from Hinds Community College.

**C. CERTIFICATION AND SIGNATURE**

**By signing below, I grant the Office of Financial Aid permission to access my College records.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE OF FINANCIAL AID USE ONLY:**

☐ **FA SI**

☐ **SAS M**

☐ **CR I**

☐ **IS IR**

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. The following have been designated to handle inquiries regarding these policies:

**EEOC Compliance:** Sherry Franklin, Vice President for Utica Campus and Administrative Services, Box 1003, Utica, MS 39175; Phone: 601.885.7002 or Email: [EEOC@hindscc.edu](mailto:EEOC@hindscc.edu).

**Title IX:** Randall Harris, Vice President for Advancement and Student Services, Title IX Coordinator, Box 1100 Raymond MS 39154; Phone: 601.857.3889 or Email: [Titleix@hindscc.edu](mailto:Titleix@hindscc.edu).

Mail to: Office of Financial Aid – P.O. Box 1100 – Raymond, MS 39154-1100

Fax: 601-857-3605