

Hinds Community College Office of Financial Aid

Request for Evaluation of Credits for New Program of Study

Office Use Only:	
Name:	
FA16CEVL	

Name:		Student ID#					
Last Name		First Name					
Email Address:							
Mailing Address:							
City:			ST	·:	Zip:		
Telephone numbers		Но	me:				
Please review my tra study will be by checki			_	-			
Academic	☐ AA Degree –	General Program of	Study	☐ AA Deg	ree – Commercia	l Aviation	
Career/Tech	nnical, please check	which degree/crede	ential(s) you	will be pursu	ing:		
	☐ AAS Degree	☐ Technical C	ertificate	□ Career	Certificate		
		of Study: and Office Technolog			hnology)		
I am requesting this	evaluation to atten	d the following seme	ester:				
Fall,		Spring,			Summer,		
☐ I have met w develop a pl ☐ I have enroll	leted research abou vith an academic or an for completing t led in classes which nplete this program	at the job opportunit career/technical cou his program of study are applicable to my of study and gradua	ties related to unselor and v. v program of te from Hin	to this prograused the Students Study. ds Communit	dent Planning too	on My.Hinds to	
Student Signature					Date	<u>-</u>	
P. O. Box 1100, Ra	nymond, MS 39154,	this form to the Offi or faxing to 601.85 to our offices located	7.3605, or so	canning and e	emailing to <u>finaid</u>	•	
		FOR OFFICE OF FINA	NCIAL AID U	SE ONLY:			
☐ Comments	☐ FASI	□ SASM	☐ Student I	Planning	□ CRI	☐ Spreadsheet	

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 programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Debra Mays-Jackson, Vice

President for the Utica and Vicksburg-Warren Campuses and Administrative Services, 34175 Hwy. 18, Utica, MS 39175, 601-885-7002.