



**Hinds Community College
Office of Financial Aid
2020-2021
Request for Evaluation of Credits for
New Program of Study**

Office Use Only:

Name: _____

ID: _____

Received by: _____
FA20CEVL

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, _____

Changing your program of study is a very important decision. Please initial 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 –

Please read and initial each of the following statements, then sign below.

- **I grant the Office of Financial Aid permission to access my College records.**
- I understand that submission of this form does not guarantee reinstatement of financial aid.
- I understand that I must complete a FAFSA application for my evaluation to be considered.
- I understand that this evaluation pertains to the major I reported on my request form. If I change my major, I invalidate my evaluation.
- I understand that an evaluation is calculated on cumulative college work. All attempted hours, earned hours, and grade point hours will be considered.
- I understand that sitting out a semester or attending another school has no bearing on regaining financial aid eligibility.

Student Signature: _____ Date: _____

FASI **FOR OFFICE OF FINANCIAL AID USE ONLY:** SASM CRI ISIR

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@hindsc.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@hindsc.edu.