Broward College

REQUEST FOR EVALUATION OF MILITARY COURSES

STUDENT NAME_____
(Last) (First) (Middle/Maiden)

Date_____ ID _____ROUTINE_____RUSH_____

PROGRAM _____PROGRAM NUMBER_____

(Circle One) AA AS AAS Certificate/Diploma BS BAS BSN

BRANCH OF SERVICE ATTENDED_____ Transcript Imaged: YES NO

Has student attended another college (Circle One) YES NO

ACE NUMBER	DATES ATTENDED	CREDITS	COURSE NAME

CAMPUS_____COUNSELOR/ADVISOR_____

RECORDS USE ONLY

Last registered_____ Application submitted_____

Evaluated_____ Check_____

Revised 5/24/13 P. Shaw