BROWARD COLLEGE

REQUEST FOR EVALUATION OF MILITARY COURSES

STUDENT NAME _____
(Last) (First) (Middle/Maiden)

Date _____ Student ID _____ ROUTINE ____ RUSH _____

PROGRAM _____ PROGRAM NUMBER _____

(Select one) AA ☐ AS ☐ AAS ☐ Certificate/Diploma ☐ BS ☐ BAS ☐ BSN ☐

BRANCH OF SERVICE ATTENDED _____ Transcript Imaged: YES ☐ NO ☐

Has student attended another college? Yes ☐ No ☐

ACE NUMBER	DATES ATTENDED	CREDITS	COURSE NAME

CAMPUS _____ COUNSELOR/ADVISOR _____

RECORDS USE ONLY

Last registered _____ Application submitted _____

Evaluated _____ Check _____