EVALUATION

TO BE COMPLETED BY COUNSELOR:

Check academic objective(s): [ ] A.A. [ ] A.S [ ] Certificate [ ] Transfer

Dual Majors? YES NO
Are they related to the same career field? YES NO
(if NO, then he/she must choose one program only)

Major(s): __________________________________________

If transfer, indicates intended Transfer Institution:

__________________________________________________

Prerequisite or Basic Skills courses needed:

____________ ____________ ____________ ____________

Courses which need to be repeated and why:

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

(Note: VA will not pay for repeat course unless the course is required to meet the academic objective.)

_______ Free elective units needed to meet unit requirement for academic objective.

PRIOR CREDITS EVALUATION

The veteran named above has entered or returned to Ohlone College having previous education at Ohlone and/or prior schools. The VA requires that Ohlone completes an evaluation for the veteran student’s declared major. Only credit that applies toward completion of the student’s program (etc. GE, major courses, and/or elective courses) should be reported. DO NOT INCLUDE EXCESSIVE UNITS. Please obtain all prior transcript(s) including Ohlone College to evaluate prior credits and fill out this form. Please give the student as many credits as possible to shorten the time length to finish this program.

The total number of college units earned was ______________. Out of the total number of units earns, ___________ are applicable to the student’s current educational objective.

DD214 units (this part will be filled out by the evaluator): __________________

Counselor Signature __________________________ Date: __________________

TO BE COMPLETED BY STUDENT:

Student: __________________________ SS or ID #: ____________________

STUDENT: Please list the names of all other colleges you have attended and show the transcript(s) to the counselor. Without the transcript(s), the counselor cannot proceed.

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