

Personal Information

Application Summary: For office use only

Date Received:

## **Emergency Medical Service**

## Kapi'olani Community College

## Request for Transcript Evaluation for County of Hawaii Fire Fighter Recruit

<u>Directions</u>: Please complete the "Personal Information" portion of this form and submit it with a copy of your transcripts from EACH college/university attended. Be sure to include the NAME of institution if not noted on transcript. Even if all courses are listed on one transcript, we still require a copy of your transcript from EACH college/university attended.

Name:						
Last Name First Name		me	M.I.			
UHID/Username (if applicable):			-			
I would like this evaluation retu	arned to me via (pl	ease check bo	x below to indicate	preference):		
Fax:			Email:			
List other name(s) used on docur	nents:					
List all transcript institution(s):						
1.			2			
3.			4			
5			6			
NOTE:						
This service is a preliminary evaluating Please note that this unofficial evaluation County of Hawaii. For an official tratheir official transcripts sent directly	ation is subject to fina nscript evaluation, st	al approval by udents must co	the Registrar and is on omplete a Transcript E	nly intended as a guideline for the		
Submit your completed requ Emergency Medical Services		, .	• '	<b>.</b> .		
F 1	<b>(</b> F	or office use	only)			
Evaluation:			T (	Whom Completed	A	
EMS Prerequisite Coursework	Course Alpha	Cr/Grade	Term of Completion	Where Completed (i.e., Institution Name)	Approved (Y/N)	
ENG 100 Composition I (3)						
HLTH 125 Survey of Medical						

Rev. 01/26/22 lym

Counselor's Initials: