



Transfer Credit Evaluation

Boulder County Campus
2190 Miller Drive
Longmont, CO 80501
303-678-3722
Fax: 303-678-3637
BCCAdmissions@frontrange.edu

Brighton Center
1850 E. Egbert Street
Brighton, CO 80601
303-404-5099
Fax: 303-655-1763
Frcb.brightoncenter@frontrange.edu

Larimer Campus
4616 South Shields
Fort Collins, CO 80526
970-204-8107
Fax: 970-204-8365
LCAdmissions@frontrange.edu

Westminster Campus
3645 West 112th Avenue
Westminster, CO 80031
303-404-5414
Fax: 303-404-5150
WCAdmissions@frontrange.edu

Please direct this request to the campus you are attending. If you plan to complete a degree or certificate program at FRCC and wish to have transfer credits from other institutions evaluated toward that degree or certificate program:

1. You must have an Application for Admissions on file at FRCC to have transcripts evaluated and posted.
2. All applicable transcripts must be mailed to FRCC directly from the issuing institution(s). "Issued to student", hand-carried, or faxed transcripts are NOT acceptable.
3. Once your previous transcript(s) are received at FRCC, they become part of your permanent educational record. You must obtain your own copy for advising purposes.
4. Indicate a valid degree or certificate plan for which you would like your transcripts evaluated. Students must earn at least 15 credits hours at FRCC in order to earn a certificate or degree. Please refer to the FRCC Catalog or see an Academic Advisor for further assistance. **If you are not planning to earn a degree at FRCC, there is no need for your transcripts to be evaluated.**

What is your FRCC Degree or Certificate Plan? _____
If response differs from existing student curriculum record, the record will be updated.

5. Results of your evaluation will appear on your FRCC transcript within 30 days once all transcripts have been received. Your evaluation results will appear on your Unofficial Transcript in your student account at www.frontrange.edu. You will need your Student ID number and PIN.

Student Name: _____
Last Name First Name Middle Name

Previous Name on Transcripts: _____
Last Name First Name Middle Name

Student ID: _____ Date of Birth: ____/____/____

Address: _____
Street City State Zip Code

Phone Number: _____ Email Address: _____

Institutions forwarding Transcripts:

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Student Signature

Date