

**LCSC Education Division PACE Request For Transfer Credit Evaluation
for
\$35 fee Elementary Teacher Education \$35 fee**

Return to: PACE Program Assistant, LCSC Education Division, 500 8th Avenue, Lewiston ID 83501.

Name: _____ LCSC Id #: (if assigned) _____
 Mailing Address: _____ SSN: _____
 City, State, Zip: _____ Date of Birth: _____
 Email Address: _____ Phone: _____
 (Print clearly, correspondence is sent via email.)

When do you plan to start taking LCSC courses? Semester: _____ Year: _____

Minimum requirements for entrance into the PACE program are:

- *An associate degree or equivalent coursework.*
- *Completion of specific general education core classes prior to admittance to the Teacher Education Program.*
- *Commitment to attend two, consecutive, on-campus, 8-week summer sessions.*

Please list institutions you have attended and indicate type of degree earned. **Attach Legible Transcripts**

Institution: _____ Years Attended: _____ Type of Degree: _____

Note: Attach all transcripts and a \$35 check payable to LCSC and enclose with this form; incomplete packets will be returned. This evaluation will take several weeks. You will receive your evaluation by email. Thank you.

For Office Use Only

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Date:	Receipt #:
Cashier's Initials:	

Date received: _____

Check Datatel for: If student is in Datatel:
 _____ ID#(PRSP) _____ print TRAN _____ request transcript copies from Admissions, if needed
 _____ name (PRSP) _____ print TRER _____ request advising transcript from Registrar, if student record precedes Datatel (1994)

If student is NOT in Datatel:
 _____ fax this form to admissions requesting a prospect record be made
 _____ check for attached copies of transcripts
 _____ make a new unofficial file

_____ Evaluation Done by _____ Date _____
 _____ Email/Letter Sent by _____ Date _____