Hinds Community College			Office Use Only:		
	Office of Final		Name:		
	2022-20 Request for Evaluatio	-	ID:		
	New Program	of Study	Received by: FA22CEVL		
A. STUDENT INFORMATION					
Last Name First Name	M.I. ID Number (REQ	UIRED) PI	hone number		
B. PROGRAM OF STUDY					
Please review my transcript fo below to indicate what your new		<b>j</b> ,	· · · ·		
Academic 🛛 AA De	Academic 🗆 AA Degree – General Program of Study 🗆 AA Degree – Commercial Aviation				
Career/Technical, plea	se check which degree/credenti	al(s) you will be pursui	ng:		
	egree 🛛 Technical Cert	ificate 🛛 🗆 Caree	r Certificate		
New Pro (Ex Bu	gram of Study: siness and Office Technology - I	Health-Care Data Tech	nology)		
I am requesting this evaluation to	attend the following semester:				
Fall,	Spring,	Sun	nmer,		
<ul> <li>I have met with an acade develop a plan for comple</li> <li>I have enrolled in classes</li> </ul>	statements, which are applicable th about the job opportunities re- emic or career/technical counsele- eting this program of study. which are applicable to my pro- ogram of study and graduate fre-	lated to this program of and used the Studer gram of study.	nt Planning tool on <i>My.Hinds</i> to		
C. CERTIFICATION AND SIGN	ATURE				
By signing below, I grant the	Office of Financial Aid perm	ission to access my	College records.		
Student Signature:	Date:				
	FOR OFFICE OF FINANCIA	L AID USE ONLY:			
□FASI			□ISIR		
other applicable Federal and State Acts, Hinds Community C veteran status in its educational programs and activities. The	bllege offers equal education and employment opportuniti following have been designated to handle inquiries regar 601.885.7001 or Email: <u>EEOC@hindscc.edu</u> . <b>Title</b>	es and does not discriminate on the basis ding these policies: <b>EEOC Complianc</b>	on Act of 1973, the Americans with Disabilities Act of 1990 and s of race, color, national origin, religion, sex, age, disability or <b>e</b> : Sherry Bellmon, Vice President of Instruction-Career resident of Student Services and Dean of Students, Title		
Mail to: O	ffice of Financial Aid – P.O. Box Fax: 601-857	•	39154-1100		

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