



Math and English Alternative Evidence Evaluation Form

This form is used to clear math and/or English assessments or prerequisites ONLY. All applicable sections **MUST** be completed for acceptance.

Please Fax to 949-582-4789 or e-mail: scmatric@saddleback.edu or drop off at the Matriculation Office in Village 8-5

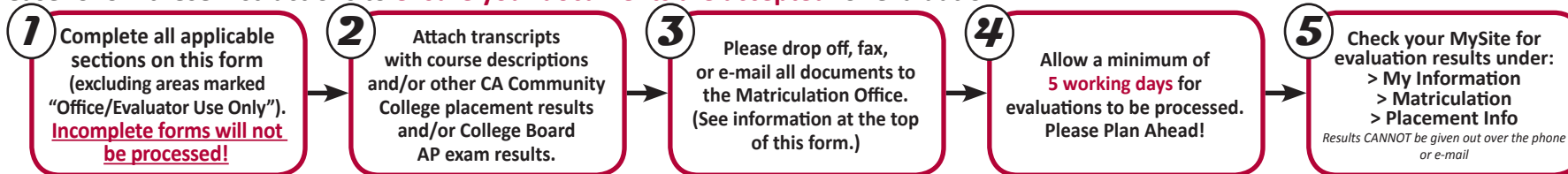
Name: _____ Contact Phone #: _____ Student ID #: _____

Other Names on Transcripts: _____ Date of Birth or Social Security #: _____ - _____ - _____
(If married or changed name)

Semester/Yr. Attending: _____ Student's Signature X _____ Today's Date: _____

By signing this form you acknowledge the following: It's the student's responsibility to provide proof of course completion that meets the Saddleback College requirements. **Incomplete or In-Progress course work and grades of C- or lower are not accepted.** All courses taken outside of California require course descriptions to be included. Evaluations can take a **minimum of 5 business days** to give placement and APC's (Add Codes) do not exempt this process.

A. Please follow these instructions to ensure your documents are accepted for evaluation:



B. I am attaching the following documents to be used for this evaluation: (Check all that apply)

- OFFICIAL transcripts or AP scores are on file with Admissions and Records (No attachment required)
- Attaching Unofficial or Official College transcripts (Your name and the school name must be PRINTED on transcripts to be evaluated.)
- Attaching Other CA. Community College Placement Results (Results must list test type, raw scores, placements, your name, and the school name.)
- Attaching AP Score Report (Only original College Board score reports that include your name can be used.)

List courses you wish to take at Saddleback College, and/or check the box to clear assessment.	List the course(s) from your other college that will clear this prerequisite: <i>Include course #</i>	OR What other exam will clear this prerequisite?	List the college where the prerequisite course or exam was taken at:	List the State your other College is in:	List the year this course or exam was taken:	Office/Evaluator Use Only	
						Approval	Denial Code*
Courses with an ENGLISH Prerequisite <input type="checkbox"/> Clear Matriculation Assessment		<input type="checkbox"/> Other California CC Assessment Exam <input type="checkbox"/> AP LANG/COMP Score: _____ <input type="checkbox"/> AP LIT/COMP Score: _____					
Courses with a MATH Prerequisite <input type="checkbox"/> Clear Matriculation Assessment		<input type="checkbox"/> Other California CC MDTP Math Exam <input type="checkbox"/> AP Calculus AB Score: _____ <input type="checkbox"/> AP Calculus BC Score: _____					

Office/Evaluator Use Only

1. Evaluated By: _____ Date: _____ Entered By: _____ Date: _____

2. Evaluated By: _____ Date: _____ Entered By: _____ Date: _____

Comments: _____

* Denial Codes:

- 1 - No Transcript on File
- 2 - Substandard Grade(s)
- 3 - Course Not an Equivalent Prerequisite
- 4 - Not an Equivalent Assessment Exam
- 5 - Incomplete Course Work
- 6 - Other (see comments)