



LEWIS-CLARK STATE COLLEGE

DIVISION OF TEACHER EDUCATION

PACE Request for Transfer Credit Evaluation Elementary Teacher Education – **Online Delivery**

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:

- *Commitment to access technology necessary for online delivery, videoconferencing, digital learning.*
- *Completion of specific general education core classes prior to admittance to the Teacher Education Program.*

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

Attach Legible Transcripts

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

**Note: If more space is necessary, please use the back of this form. Be sure to attach all transcripts and enclose with this form; incomplete packets will be returned. This evaluation will take several weeks. You will receive your evaluation by email.*

For Office Use Only

Date received: _____

Check Datatel for:

____ ID#(PRSP)

____ name (PRSP)

If student is in Datatel:

____ print TRAN

____ print TRER

____ request transcript copies from Admissions, if needed

____ 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 _____