



# TRANSFER CREDIT EVALUATION FORM

Please complete the information requested below in full,  
and attach to an OFFICIAL (original) Transcript for evaluation and MAIL TO:

Center for Financial Training Western States  
1009 Grant Street, Suite 102, Denver, CO 80203  
(see below for payment requirements)

*This document may contain privileged and/or confidential information.  
It is intended solely for the use of CFTWS and will not be shared without written permission.*

Student Name (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Numbers (one required): (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Business) (Home or Cell)

Current Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**Please Mail Completed Evaluation To (if different from above):**

Name/Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**TRANSFER CREDIT EVALUATION POLICIES:**

CFTWS accepts transfer credits from most colleges and universities. Upon completion of the transfer credit evaluation, the student will receive a letter indicating which courses have been accepted for credit and applicability (if any) to a diploma or certificate.

**A fee of \$40 is charged for this evaluation.** Transfer credit evaluation requests are generally processed within one month. **Please plan ahead!**

My check in the amount of \$ \_\_\_\_\_ is enclosed (payable to CFTWS)

Please bill my VISA or MasterCard for \$ \_\_\_\_\_

VISA/MC #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Received by CFTWS on: \_\_\_\_\_