



## Transfer Credit Evaluation Request

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_

If any records are under a name other than the one given above, please indicate: \_\_\_\_\_

Applying for term beginning: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

**Phone**(please add or update): \_\_\_\_\_

**Email:** \_\_\_\_\_

**Permanent address:** \_\_\_\_\_

**Please list (in chronological order) every high school, post-graduate school, college, or university you have attended, the addresses and dates attended.**

High school or secondary school: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of high school graduation (month/year): \_\_\_\_\_

If not a high school graduate, have you earned a GED certificate?

Yes, date \_\_\_\_\_ Score: \_\_\_\_\_ No \_\_\_\_\_

List **ALL** colleges and universities attended (attach additional sheets of needed):

Names of institutions (chronologically listed)	City, State	Dates attended: From (mo./yr.) To (mo./yr.)	Degree earned, Date