

REQUEST FOR TRANSCRIPT EVALUATION

All official transcripts must be on file in Admissions & Records before this request can be submitted.

Date of Request:		Student ID#:						
Name (Last, First):								
Former Names:								
Phone #:	Email Address:	@insite.4cd.edu						
List previous colleges or universities from which IMPORTANT: Do not submit evaluation requests unt	•	nsfer credits (including high school & AP, if applicable). ripts have been received.						
1.	4.							
2.	5.							
3.	6.							
	·							
GENERAL EDUCATION PATTERN/CERTIFICATE (Select all that apply)								
O Associate of Arts/Science For Transfer (AA-	T/AS-T) O	California State University (CSU)						
O Associate of Arts/Associate of Science (AA/	(AS) O	Intersegmental Gen. Edu. Transfer Curriculum (IGETC)						
• Certificate of Achievement (CA)								
	<u>.</u>							
MAJOR		OTHER MAJORS						
O Liberal Arts: Arts & Humanities	1.							
O Liberal Arts: Behavioral & Social Sciences	2.							
O Liberal Arts: Math & Science	3.							
CATALOG YEAR								

Current Catalog Year:

Other (Specify Academic Year):

 OTHER

 Are you a Veteran Student?
 O YES
 O NO

STUDENT SIGNATURE

DATE

A copy of the evaluation will be emailed to the student's InSite Email Account. The student is able to verify on InSite WebAdvisor if A&R has received their official transcripts.

OFFICE USE ONLY									
Counseling Appointment	Date:	Time:							
Counseling Appointment S	cheduled:	d: OLMC OBRENTWO		OOD	Catalog Year Approved By A&R:				
RE-EVALUATION									
O <i>Re-evaluate transfer courses.</i>			• Re-evaluate for a new declared major.						
O <i>Re-evaluate additional college transcripts.</i>			O Re-evaluate for specific courses.						