

Transcript Evaluation Form

Name _____ Date _____

Student ID # _____

Date of Birth _____

Home Phone No. _____ Work Phone No. _____

NOTIFICATION WILL BE SENT TO THE STUDENT EMAIL ADDRESS WHEN THE EVALUATION IS COMPLETE.

What term are you applying for? Fall Spring Summer

Are you seeking **Financial Aid**? Yes No

Are you a **Veteran**? Yes No

Are you a **Nursing Applicant**? Yes No

Are you expecting to **Graduate** at the end of the current term? Yes No

If YES, what term? _____

If you answered NO to all of the above questions, why are you seeking a transcript evaluation? _____

Please check the type of degree and major you are seeking at San Jacinto College.

- A.A. A.A.S.
 Cert. Of Tech. Occupational Cert.

Please check the San Jacinto College campus you last attended.

- Central North South New Student

List **All** Colleges Attended

- | | | | |
|----------|-----------------------------------|----------|-----------------------------------|
| 1. _____ | <input type="checkbox"/> Received | 4. _____ | <input type="checkbox"/> Received |
| 2. _____ | <input type="checkbox"/> Received | 5. _____ | <input type="checkbox"/> Received |
| 3. _____ | <input type="checkbox"/> Received | 6. _____ | <input type="checkbox"/> Received |

Note: This request **WILL NOT** be accepted if the Enrollment Services Office has not received **ALL** required transcripts, which are listed above.

Instructions: When completed, submit this form to the Enrollment Services Office on the campus you will attend.

Transfer Credit Review ONLY. DO NOT USE for TSI review.