

Request for Transcript Evaluation

Date _____

Name _____ Certificate _____ Associate _____

Social Security Number _____ Major _____

Address _____ Email _____

City, State, Zip _____

Telephone Number () _____

Evaluate the following transcripts. (List name of schools)

Other documents to be evaluated (submit documentation):

- _____ Advanced Placement
- _____ CLEP
- _____ Military experience
- _____ Other _____

I understand that an official transcript/documentation will be in the Admissions/Registrar's Office before credit may be given and that only courses with a CBC equivalent will be entered on my transcript.

Signature

Date

FOR OFFICE USE ONLY

- _____ Official transcript on imaging system
- _____ Official transcript in shuttle
- _____ Unofficial transcript only
- _____ No transcript
- _____ Official transcript being mailed to Admissions/Registrar's Office

Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age, or disability.