



Received by: _____ on _____

EVALUATION REQUEST FORM

LEGAL NAME: _____
LAST FIRST MI

STUDENT ID NUMBER: _____
(i.e. SSN, Driver's Lic.)

If you have used another name, please list here (maiden)

DATE OF BIRTH: _____

MAILING ADDRESS: _____
P.O. BOX or HOME MAILING ADDRESS

GENDER: () MALE () FEMALE

VILLAGE STATE ZIP CODE

TELEPHONE: _____

ENROLLMENT STATUS

- New Student
- Continuing Student
- Returning/ Former Student

- Spring 20____
- Summer 20____
- Fall 20____

- ____ Adult High-School
- ____ Associate of Science
- ____ Associate of Arts
- ____ Certificate

(Specify Program of Study – Computer Science, Accounting, Systems Technology)

Please evaluate my records according to the requirements in the GCC _____ Catalog edition. NOTE: The GCC Admissions & Registration Office should have received my official transcript(s) and college catalog with course descriptions directly from the following schools/colleges/universities. I understand that failure to provide these documents would result in a delay in processing this request.

STUDENT'S SIGNATURE: _____ DATE: _____

An evaluation of your records indicates that the following credits need to be fulfilled in order to meet the requirements of your diploma/certificate/degree program:

____ This evaluation includes course work in progress at GCC and will apply upon successful passing of course(s).
____ Of the transcripts you have listed above, GCC has not received the following: _____

Therefore, this evaluation does not include transfer credits from these institutions.

COMMENTS: _____

REGISTRAR/ DESIGNEE SIGNATURE: _____ DATE: _____