

Transcript Evaluation Request

INSTRUCTIONS

1. After completing 12 units at LBCC, fill out this form completely.
2. Submit all sealed **official transcripts** with this form or ensure they are on-file at LBCC when you turn in this form.
3. Submit a copy of your previous schools' **General Education requirements*** (e.g. as published in catalog).
4. For coursework completed prior to 1995, you must submit a copy of the catalog description* and catalog cover with year noted.
5. Submit this form and all required documents to the Admissions and Records Office.

Special Notes: *Courses taken at another CA community college after 1995 do not require course descriptions or General Education information. Additional supporting documentation may be requested by LBCC faculty in order to evaluate your coursework. Monitor your email for requests from LBCC to ensure timely completion of your evaluation. Faculty reserve the right to evaluate the content through written, verbal, and any other necessary means they feel will allow them to make a curriculum decision.

Please monitor your email regularly for updates about your request. You will receive a confirmation when your request is completed.

STUDENT INFORMATION

Name (Last, First, MI): _____ Student ID#: _____

Other Names Used: _____ Birthdate (MM/DD/YY): _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone #: _____

FIELD OF CONCENTRATION: For a complete listing of programs of study and plan codes, go to www.lbcc.edu/Articulation/guides.cfm.

List the Name of Degree or Certificate	Plan Code	Certificate or Degree Type	Catalog Year
1			
2			

REQUIRED INFORMATION

Have you completed 12 units at LBCC? Y N

Have you applied for graduation for the current term? Y N

Have you previously requested a transcript evaluation at LBCC? Y N

OTHER COLLEGES AND UNIVERSITIES: See instructions above regarding additional required documents.

Names of All Other Colleges & Universities Attended	Dates Attended	Have you submitted the following required documents?										
		Official Transcripts		Course Descriptions*			General Education Requirements*					
		Y	N	Y	N	Exempt	Y	N	Exempt			

I hereby certify that the above statements are true and correct to the best of my knowledge.

Signature _____ Date _____

For Staff Use Only

Received By:	Date	Eval Completed By:	Date
If Applicable, Veterans Office Staff Name:			