



Galveston College

TRANSCRIPT EVALUATION REQUEST

Former Student

This form is to be completed by students who wish to have transfer credit evaluated and who have entered Galveston College prior to catalog year 2006/2007. **Students should request transfer evaluations 2 – 4 weeks prior to the beginning of the semester in which they plan to attend.** *Transfer work evaluated does not always meet program requirements.*

Date submitted to the Office of Admissions: _____

Name (Please Print)

Social Security Number or Student ID

Current Address (Required)

Other names(s) used at previously attended institutions:

City State Zip

(_____) _____
Phone number (required)

Signature (Required)

Office use only

Date Received _____	Evaluated by: _____
High School Credit Detail: _____	Student Notified: _____

Galveston College is an Equal Opportunity/Affirmative Action Institution