

TRANSCRIPT EVALUATION REQUEST

STUDENT ID Number

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NAME

(LAST)

(FIRST)

(M.I.)

FORMER NAME (if any)

(LAST)

(FIRST)

(M.I.)

PHONE NUMBER (where you can be reached during the day; include area code)

EMAIL ADDRESS:

DO YOU PLAN TO EARN A DEGREE AT COMMUNITY COLLEGE OF PHILADELPHIA?

Yes No (if you are not earning a degree you do not need to transfer over credits and the evaluation will not be done.)

IF YES, WHAT IS YOUR CURRICULUM/MAJOR?

PREVIOUS INSTITUTION (S) ATTENDED:

1.		FROM	TO
2.		FROM	TO
3.		FROM	TO
4.		FROM	TO

COMMENTS:

SIGNATURE

DATE

Evaluations will be completed about 2-3 weeks after request has been submitted. Transfer credit can be given only if Community College of Philadelphia has received ALL official transcripts from your previous institution(s) and you will be pursuing a degree/certificate here at Community College. Additional institutions can be added under COMMENTS if needed

OFFICE OF STUDENT RECORDS AND REGISTRATION
ATTN.: PLACEMENT AND TRANSFER CREDIT OFFICE, BG-6
1700 SPRING GARDEN STREET
PHILADELPHIA, PA 19130-3991