INCOMING ACADEMIC TRANSCRIPT EVALUATION REQUEST

1. SECTION A –Program of Study

☐ Associate of Arts Degree (**AA**) ☐ Associate of Science Degree (**AS**)

☐ Bachelor of Applied Science Hospitality Management (**BAS**)

☐ Two Year Professional/Technical Program (includes Associate of Applied Science (**AAS**)
Indicate specific program (**DO NOT LEAVE BLANK)** _____

☐ Professional/Technical **Certificate**
Indicate specific program (**DO NOT LEAVE BLANK)** _____

2. SECTION B

YOUR NAME:_____ **TODAY'S DATE:** _____

PREVIOUS NAME (if applicable):_____

YOUR E-MAIL ADDRESS:_____

ADDRESS: _____
Number and Street **Apt. #**

_____
City **State** **Zip**

DAYTIME TELEPHONE:_____ **STUDENT ID NUMBER:**_____

If you are undecided about your program of study, please schedule an appointment for advising prior to submitting this request. You may call (206)764-5387 to make an appointment.

Request is for evaluation from the following schools:

1) _____

2) _____

3) _____

4) _____

Are these transcripts on file at SSCC? Yes ❑ No ❑ If not, date ordered:_____
Are you, or have you ever been a student at South Seattle Community College? No ❑ Yes ❑
If Yes, year(s) first attended:_____

Note: Turnaround time is approximately three weeks