



# Prairie State College

Office of Enrollment Services

## TRANSCRIPT EVALUATION REQUEST FORM

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
PLEASE PRINT CLEARLY

Note: You must have a current application on file to complete this request.

\*Current Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Daytime Phone Number: ( ) \_\_\_\_\_

\*I understand that if the address reflected above is different than the one on record with the College, my mailing address and residency tuition rate may be adjusted accordingly.

Select one:

- I have only attended Prairie State College.
  - I have requested my college transcripts from: (list all schools sending transcripts)
- \_\_\_\_\_
- \_\_\_\_\_

Other names my transcript may be listed under \_\_\_\_\_

Evaluate my transcript for: (One program per evaluation request form.)

Degree/Certificate Program

<input type="checkbox"/> AA/AS	<input type="checkbox"/> AAS	<u>Title of program</u> _____	<u>Option</u> _____
<input type="checkbox"/> AFA	<input type="checkbox"/> Certificate	example: <i>Information Technology (AAS),</i>	<i>Web-master</i>
Refer to list on back for correct titles.			

or

Non-Degree Seeking (review for prerequisite verification)

- English requirements
- Science requirements
- Math requirements

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Note: Return this form to the Enrollment Services Office, Room 1160. If your transcripts from other schools have not been received within 30 days of submitting this form, your file will be returned to the file room.

Your evaluation will be mailed to you at the address listed above.

<p><b>For office use only:</b></p> <p>Accepted by _____</p> <p>Date _____</p>
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