

TRANSCRIPT EVALUATION REQUEST FORM

Student Full Legal Name (Please Print) First Name Middle Initial Last Name						Preferred Phone Number		
Germanna Student ID Number				Current Term (Please Check)		Current Year		
						Fall 🗆 S	Spring □ Summer □	20

If you wish to have transcripts from another institution-including another VCCS college-evaluated for transfer credit, please follow these instructions:

- 1. Request official transcripts, AP Scores, IB Scores, and CLEP Scores from all previously attended institutions and Military Training. (Official transcripts from other VCCS institutions are not required.)
- 2. After requesting official transcripts, complete and submit this form to the Welcome Center or Admissions and Records. This may be done:
 - In person
 - By email to transcripts@germanna.edu
 - By fax to (540) 423-9158
 - By mail to: Germanna Community College

Attention: Admissions and Records

PO Box 1430

Locust Grove, VA 22508

Former Names:		
College Transcripts to be Evalu	ated (Including AP, IB, CLEP Scores and Military	y Training):
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2	5	····
3	6	····
_	tion will be documented and sent to my GCC em – 6 weeks for completion of the evaluation.	nail address. Please
Student's Signature:	Date:	