

## **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 evaluated for transfer credit, please follow the instructions below. Please note that transcripts from another VCCS institution do not need to be provided, however this form must be completed to initiate the review of credits:

- 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:
  - 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:		
Program of Study/Curriculum:		
College Transcripts to be Evalua	ated (Including AP, IB, CLEP Sc	ores and Military Training):
1	4	
2	5	
3	6	·····
	ion will be documented and ser - 6 weeks for completion of the	nt to my GCC email address. Please evaluation.
Student's Signature:		Date: