

## **Transcript Evaluation Request Form**

Student Full Legal Name (Please Pri	int):
Germanna Student ID Number:	
Preferred Phone Number:	
Current Term (Fall, Spring, or Summ	ner):
Current Year:	
If you wish to have transcripts from college, evaluated for transfer cred	another institution, including another VCCS lit, please follow these instructions:
previously attended institution other VCCS institutions are not a. After requesting official transfer Welcome Center or Admissional and Derson b. By email to transcripts c. By fax to (540) 423-91 d. By mail to: Germanic ATTN: Admissional ATTN: Ad	scripts, complete and submit this form to the ons and Records. This may be done:  s@germanna.edu 58 na Community College missions and Records
Former/Maiden Name(s):	
Program of Study/Curriculum:	
Transcripts to be Evaluated (includ  1	ing AP, IB, CLEP scores and military training): 4
2	5
3	6
Student's Name (Please Print):	
Student's Signature:	
Date:	