Shoreline COMMUNITY COLLEGE

TRANSFER DEGREE Request for Transcript Evaluation

Enrollment Services, 16101 Greenwood Ave N., Shoreline, WA 98133

Please print legibly for postal delivery purposes

Name _____

Address _____

_____

Transcript Evaluation is a ONE time only service (per listed degree) provided by Enrollment Services. Any subsequent request should be referred to an Academic Advisor.

Major Related Program (MRP) evaluation will be processed by general advising.

Students interested in Professional Technical Programs DO NOT USE THIS FORM.

☐ Send Copy to Financial Aid or ☐ Send Copy to Veterans Programs

Previous Name(s) _____ Student # _____ Phone _____

Please check below the degree for which you <u>are requesting an evaluation:</u>

- ☐ **General Transfer Associate in Arts-Direct Transfer Agreement (AA-DTA):** transfers as a package to a list of colleges and universities, satisfying most, if not all, of the lower division general education requirements and granting students junior standing.
- ☐ **Associate in Arts-Individualized Plan (AA-IP) Individualized Academic Plan:** a self-designed degree that is primarily used for students who choose to complete general university requirements and/or major preparation courses for a specific college or university.
- ☐ **Associate in Science-Transfer (AS-T) Track 1:** Biological Sciences, Chemistry/Biochemistry, Dentistry, Environmental Health, Environmental Sciences, Geology and Earth Sciences, Medical Technology, Medicine, Oceanography and Marine Sciences, Pharmacy, Veterinary Medicine.
- ☐ **Associate in Science-Transfer (AS-T) Track 2:** Aeronautical, Civil, Industrial, Materials Science and Mechanical Engineering, Astronomy and Atmospheric Sciences, Bioengineering and Chemical Engineering, Computer and Electrical Engineering, Engineering, General, Physics.
- ☐ **Business AA-DTA/MRP**
- ☐ **Bioengineering and Chemical Engineering AS-T Track 2/MRP**
- ☐ **Computer and Electrical Engineering AS-T Track 2/MRP**
- ☐ **Mechanical/Civil/Aeronautical/Industrial/Materials Science Engineering AS-T Track 2/MRP**
- ☐ **Pre-Nursing AA-DTA/MRP**

List official transcripts for evaluation:

	For office use only		For office use only
1._____		3._____	
2._____		4._____	
		Total	

_____

Student Signature Date

(Evaluation requests are processed on a first come first served basis when all official transcripts are available)

For office use only

Date _____ Credentials Evaluator _____

Copy sent to FA _____

Copy sent to VA _____

ES 10/28/2015