

# Request for Evaluation of Transcripts

\_\_\_\_\_  
 DATE OF APPT

\_\_\_\_\_  
 STUDENT ID #

\_\_\_\_\_  
 NAME

\_\_\_\_\_  
 ATTENDANCE

\_\_\_\_\_  
 ACCREDITED BY

\_\_\_\_\_  
 NAME OF COLLEGE

Official Transcripts?

Yes

No

Semester

Quarter

What GE purpose?

Associates Degree

CSU

IGETC

Course	Course Title	Grade	Units	GE Subject Area	LACC Course

COMMENTS

\_\_\_\_\_  
 COUNSELOR

\_\_\_\_\_  
 DATE REVIEWED

\_\_\_\_\_  
 ARTICULATION OFFICER OR DESIGNEE

\_\_\_\_\_  
 DATE APPROVED

Appropriate credit is not awarded until official transcripts are verified. Please check our TES database for the most up to date results and notes. This form is for internal purposes only used by counseling faculty. The Articulation Office has final review and sign off in accordance with all applicable rules and regulations. - Updated 8/1/20