

COLLEGE TRANSCRIPT EVALUATION REQUEST

PLEASE PRINT!

PLEASE NAME _____
LAST FIRST

SOCIAL SECURITY # HOME PHONE WORK PHONE

STREET ADDRESS

CITY STATE ZIP CODE

PLEASE CHECK (✓)

DO YOU WISH TO HAVE YOUR TRANSCRIPT EVALUATED FOR MATH PLACEMENT ONLY? ___YES ___NO

IF YES, _____ THEN SKIP TO SIGNATURE LINE-SIGN AND DATE BELOW
COURSE SECTION SEMESTER YEAR

IF NO, PLEASE CONTINUE TO ANSWER QUESTIONS.

DO YOU WISH TO OBTAIN A DEGREE/CERTIFICATE AT JJC? ___YES ___NO

DO YOU WISH TO HAVE YOUR TRANSCRIPT(S) EVALUATED FOR YOUR DEGREE/CERTIFICATE? ___YES ___NO

WHAT WILL YOUR MAJOR BE AT JOLIET JUNIOR COLLEGE? **AG 850 -VETERINARY MEDICAL TECHNOLOGY**

COLLEGE TRANSCRIPT(S) FROM: _____

HAVE YOU HAD OTHER COLLEGE TRANSCRIPTS EVALUATED BEFORE AT JJC? ___YES ___NO

IF YES, PLEASE INDICATE NAME OF COLLEGE(S): _____

ARE YOU CURRENTLY ENROLLED AT JJC? ___YES ___NO

IF NOT, WHEN ARE YOU PLANNING TO ATTEND JJC? SEMESTER: _____ YEAR: _____

HAVE YOU EVER ATTENDED JJC PRIOR TO 1976? ___YES ___NO

IF YES, WHEN DID YOU ATTEND? SEMESTER: _____

ARE YOU A VETERAN? ___YES ___NO

IF YES, ARE YOU RECEIVING ANY OF THE FOLLOWING V.A BENEFITS?

___G.I. BILL ___VEAP ___SURVISORS BENEFITS

SIGNATURE: _____ DATE: _____

IMPORTANT! (THIS IS NOT A FORM FOR REQUESTING TRANSCRIPTS)