TACOMA COMMUNITY COLLEGE

Request to Evaluate Official Transcripts from Other Institutions

COMPLETE & SUBMIT THIS FORM to Enrollment Services, Bldg 7, for an evaluation of <u>OFFICIAL</u> transcripts from colleges, universities, Advanced Placement testing, technical, CLEP, International Baccalaureate, or military education. Only official transcripts are evaluated.

PLEASE PRINT CLEARLY

NAME: _____   ctcLink ID: _____
            Last   First   MI

PREVIOUS NAME(S): _____   PHONE: (_____)_____

Expected Graduation or Completion Date: Term _____ Year _____

INSTRUCTIONS:

- Student must request <u>official</u> transcripts from other institutions.
- If no enrollment, transcripts are retained for one year. After one year, these transcripts are purged and destroyed.
- Complete and submit transcript evaluation request. **Transcripts will be evaluated AFTER a student has registered for at least one quarter at TCC.**
- <u>ALL</u> official transcripts from other institutions must be received prior to submitting evaluation request.
- Check Student Center (Admissions tab) for verification that transcripts have arrived. If received, schools will be listed under "External Education" as Type = **Official** and Action = **Received**. (If necessary, click the green arrow on the left to display details.)
- Submit completed transcript evaluation request to **Enrollment Services** in **Building 7**.

   Allow twelve (12) weeks for the evaluation process, longer during peak graduation periods.
   NOTE: Processing time begins when ALL documents are received and your file is complete.

TRANSCRIPTS TO EVALUATE:

1. _____   4. _____

2. _____   5. _____

3. _____   6. _____

YOU <u>MUST</u> COMPLETE THE BACK OF THIS FORM or it will not be processed.

_____   _____
             Date   Student Signature

Your signature indicates approval and permission for Tacoma Community College to make inquiries (if necessary) to the colleges/universities/programs listed above regarding transcript and course information. This MAY require Tacoma Community College to use your Social Security number and/or birthdate as identifiers.

MARK the program(s)/certificate(s) you are pursuing at Tacoma Community College:

DEGREE PROGRAMS

☐ Associate in Arts & Sciences - DTA   ☐ Associate in Computer Science – DTA/MRP

☐ Associate in Biology – DTA/MRP   ☐ Associate in Music – DTA/MRP

☐ Associate in Business – DTA/MRP   ☐ Associate in Pre-Nursing – DTA/MRP

☐ Associate in Applied Science - **T**   ☐ Associate in General Studies
                                                   (**not** transferrable)

☐ Associate in Applied Science
Program: (check one)

___ Accounting	☐ Associate of Sciences: Specialization: (check one)

Associate in Applied Science — Program (check one)	Associate of Sciences — Specialization (check one)
___ Accounting	___ Bioengineering & Chemical Engineering
___ Business	___ Biology
___ Diagnostic Medical Sonography	___ Chemistry
___ Early Childhood Education:	___ Computer Science
Emphasis Special Needs	___ Earth Sciences
___ Emergency Medical & Health Services	___ Electrical & Computer Engineering
___ Health Information Technology	___ Engineering
___ Human Services	___ Environmental Sciences
___ Networking & Cyber Security	___ Mechanical, Civil, Aeronautical,
___ Nursing	Industrial, & Material Science
___ Paralegal Program	Engineering
___ Radiologic Science	___ Physics
___ Respiratory Therapy	

CERTIFICATE PROGRAMS

___ Application Support Specialist	___ Marketing
___ Customer Service	___ Medical Billing Specialist
___ e-Health Information Management	___ Medical Scribe
___ Entrepreneurship	___ Network Support
___ Help Desk	___ Paralegal Preferred Pro
___ Human Resource Specialist	___ Technical Support
___ Management	

Your submitted documents are evaluated as they pertain to the program(s) checked above.

NOTE: If you change academic programs, you **MUST** submit a new request form to have your documents re-evaluated as they pertain to your new program.

We will post the evaluated courses to ctcLink in your Student Center under the Transfer Credit tab.

REVISED: 12/07/17 mak