



# TRANSCRIPT EVALUATION REQUEST

Name \_\_\_\_\_  
Last First Middle Maiden

Student ID Number/SSN \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Primary Program of Study at SPCC \_\_\_\_\_

**\*\*This evaluation is effective for the program listed above and for the current catalog.**

**BE ADVISED: An Admissions Application and Official Transcripts from all accredited colleges/universities must be on file before an evaluation will occur. It is the responsibility of the applicant to provide official sealed or e-file transcripts. International transcripts AND course descriptions must be evaluated by an international evaluator at the student's expense before we are able to accept credits**

Please evaluate transcripts from the college(s) / university(ies) listed below:

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

### Option 1:

Please evaluate transcripts for the following classes taken at another institution:

\_\_\_ All courses for Program of study OR \_\_\_ Specific Classes (list course/prefix/number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Option 2:

Please evaluate pre-requisites needed to take the following classes at SPCC:

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: . If additional requested information is not received within 10 business days, a new request form is required. For financial aid recipients, all transfer credits are included as attempted/completed hours and may affect Satisfactory Academic Progress (SAP) standards for financial aid eligibility.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Registrar's Office \_\_\_\_\_ Date \_\_\_\_\_

Submit completed form to the Registrar:  
South Piedmont Community College  
PO Box 126, Polkton NC 28135 | PO Box 5041, Monroe NC 28111  
FAX: 704.272.5303 | 704.993.2425x.2017  
Email [registrar@spcc.edu](mailto:registrar@spcc.edu)