ANTELOPE VALLEY COLLEGE

# Counseling Center Transcript Evaluation Request

| STUDENT INFORMATION | | |
|---|---|---|
| DATE OF REQUEST | LAST NAME | FIRST NAME |
| | | |
| STUDENT ID | AVC EMAIL ADDRESS | PREFERRED PHONE NUMBER |
| 900 | @avc.edu | |
| I AM PROVIDING OFFICIAL TRANSCRIPTS FROM THE FOLLOWING COLLEGES/UNIVERSITIES: | | |
| | | |
| | | |
| | | |
| | | |
| STUDENT SIGNATURE | | |

| *COUNSELOR CERTIFICATION USE ONLY* | | | |
|---|---|---|---|
| SPECIFIC AVC MAJOR | | | |
| EDUCATIONAL GOAL | ☐ Certificate ☐ Associate ☐ Associate for Transfer ☐ Transfer without an Associate | | |
| COLLEGES/UNIVERSITIES TRANSFERRING TO | | TRANSFER MAJOR(S) | |
| | | | |
| | | | |
| | | | |
| CERTIFIED BY | | DATE | |
| *TRANSCRIPT EVALUATION TEAM USE ONLY* | | | |
| TES ENTRY | ☐ Athletes ☐ CalWorks ☐ EOPS ☐ OSD ☐ Palmdale ☐ Pride ☐ Registered Nursing ☐ STAR | | |
| ENTERED INTO TES BY | | DATE | |
| COMMENTS/NOTES | | | |
| | | | |

| ACADEMIC DIVISION EQUIVALENCIES | | |
|---|---|---|
| COURSE | DATE SENT | ACADEMIC DIVISION |
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☐ **MIS (CAS)**



E Traynor 03/23/17