



San Diego Community College District Request for Foreign Transcript Credits

City Mesa Miramar

Student Name: _____ Birth Date: _____
(PRINT) Last First MI

Student ID Number: _____ Telephone: _____

By completing this form, I am requesting evaluation of foreign coursework. I understand that I must provide a comprehensive evaluation of foreign coursework from an approved agency. The courses and unit values will be added to my San Diego Community College District permanent record.

Degree status at foreign college/university: No Degree AA/AS Degree BA/BS or higher

_____ I understand that the units from the foreign transcript may impact my registration priority time
Initial

_____ I understand that some or all of the courses may NOT be used for degree or transfer credit but the
Initial additional units will remain on my record as elective units

_____ I understand that this action WILL NOT be reversed
Initial

Signature: _____ **Date:** _____

OFFICE USE ONLY	
Comments: _____	
Accepted by: _____	Date: _____