



San Diego Community College District Request for Transcript Evaluation

City Mesa Miramar

- Students may submit this form only when ALL transcripts from institutions previously attended have been received.
- This form must be filled out legibly and completely.

Student Information

Name: _____ Date: _____
(PRINT) Last First Middle

Student ID: _____ Birth Date: _____ Telephone: _____

Email: _____
(Email will be used to notify you when the transcript evaluation is complete)

Intended major at San Diego City, Mesa or Miramar College: _____

Highest degree earned: None AA/AS BA/BS or higher Major: _____

Have you sent **ALL** transcripts from previous institutions to SDCCD? Yes No

Academic Planning

Are you planning for: *(please check all that apply)*

Associate degree

ADT (transfer) degree

Certificate of Achievement

Language Other than English (LOTE)

Other *(specify)*: _____

Financial Aid or Veteran's Benefits

Are you receiving, or planning to receive Financial Aid?
 Yes No

Are you receiving or planning to receive Veteran's Benefits?
 Yes No

Is this your first semester at SDCCD? Yes No

Special Program Application

Are you planning to apply for a Special Admission Program?
 Yes No

What semester do you plan to begin? _____

Which program are you applying?

What is the application deadline? _____

General Education Pattern *(choose only one)*

- If you are unsure or undecided about which General Education pattern to follow, see a counselor.
- If you change the General Education pattern after transcript(s) have been evaluated, you will be required to submit a new request for transcript evaluation, which may cause a delay in your education planning.

SELECT ONLY ONE:

- District GE
- CSU GE Breadth
- IGETC (CSU/UC)
- I have earned a Bachelor's degree from a U.S. regionally accredited institution (Option 5):

(Name of Institution)

Non-traditional Education *(attach official report)*

- AP (Advanced Placement Test) CLEP (College Level Examination Program)
- IB (International Baccalaureate) DANTES (Defense Activity for Non-Traditional Education Support)

Student Name: _____

Student ID: _____

Comments: _____

Counselor/Staff: _____

OFFICIAL USE ONLY	
<input type="checkbox"/> Transcript	<input type="checkbox"/> P.F.N.# _____
Posted on: _____	By: _____