Moorpark College Non-VCCCD Transcript Evaluation Student Request Form

*Please allow 4-6 weeks for processing	g
Name:	Student ID #:
Phone #:	Email Address:
Transcripts to be evaluated for (check all that a	apply) *
Certificate of Achievement Majo	Dr:
Associate Degree – Major:	
ADT – Major:	
CSU GE-Breadth Area(s):	
IGETC: UC CSU	Area(s)
Other:	
Transcripts to be evaluated (name of regionally	y accredited college/university, AP, IB, CLEP, Military,)
1.	
2.	
3.	
4.	
* NOTES: Requests will be processed in	n the order they are received
and for use of General Education (GE) for CSU towards major (or meeting pre-requisites) at a tinstitution. 2. An official transcript of each college must be order for the evaluation to be completed. 3. Submit this completed form to the Counseli	It to meeting the requirements for MC degrees and programs U GE-Breadth and/or IGETC. Evaluation of how course applies transfer institution will be at the discretion of that transfer e submitted and on file with Admissions and Records (A&R) in Department, or by email: mcevaluations@vcccd.edu
4. Student will be notified via email when their	· _
Student Signature:	Date: ************************************
To be Completed by Counseling Department	
Date of evaluation request received:	Bv∙