



# College of the Mainland®

## TRANSCRIPT EVALUATION FORM

STUDENT INFORMATION	
Name:	Date:
Other Last Names:	
Student ID:	*Notification of completion will be sent to the email listed below*
Phone:	Email:

*Students receiving financial aid must have <b>all</b> transcripts from all schools previously attended evaluated.*	
Financial Aid: <input type="checkbox"/>	Nursing: <input type="checkbox"/>

COLLEGE TO BE EVALUATED	
1.	<input type="checkbox"/> Received
2.	<input type="checkbox"/> Received
3.	<input type="checkbox"/> Received
4.	<input type="checkbox"/> Received
5.	<input type="checkbox"/> Received
6.	<input type="checkbox"/> Received
Only transcripts listed above will be evaluated by the Admissions and Records Office. Please check WebAdvisor to see results of evaluation.	
<b>**ALLOW ONE TO TWO WEEKS FOR PROCESSING, THANK YOU**</b>	
<b>*****FOR OFFICE USE ONLY*****</b>	
Processed By:	Date:

