



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 all 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.	
ALLOW ONE TO TWO WEEKS FOR PROCESSING, THANK YOU	
*****FOR OFFICE USE ONLY*****	
Processed By:	Date:

