



Office for Veterans's Success
1200 Amburn Road
Student Center, Room 217
Texas City, TX 77591
(409) 933-8455 or
(888) 258-8859 Ext. 8455
(409) 933-8223 Fax

VETERAN'S (OR DEPENDENTS) PRIOR CREDITS/TRANSCRIPT EVALUATION

Applicant Name _____
(First) (M.I) (Last)

Social Security Number _____ Date of Birth _____

Address _____
Street or P.O. Box

City _____ State _____ Zip Code _____

Telephone _____
Home Work Cell

Last Semester Attended College _____

Please check one: () New student at COM () Returning COM student
Returning COM Students must provide transcripts for all schools attended after last attendance at COM.

Is your application for admission to COM currently submitted? () Yes () No
If you have never attended any other college or university, please write "NONE" below.

List all colleges and universities attended, both civilian and military:

1. _____
2. _____
3. _____
4. _____

What degree or certificate are you pursuing? _____

I certify the information indicated above is true and correct. By my signature on this form, I affirm that I will provide a copy of my DD-214 and provide all academic transcripts from all prior colleges, universities, military, trade and technical schools to the Admissions Office of College of the Mainland for evaluation by the end of the first semester, in order to complete my request for VA educational benefits. I understand that the Office for Veteran's Success Office will only certify my benefits for (2) semesters without transcripts on file.

Signature of Applicant

Date