



Office for Veteran Success
1200 Amburn Road, Suite A-148
Texas City, TX 77591
Phone: 409-933-8455
Fax 409-933- 8223

VETERAN (OR DEPENDENT) TRANSCRIPT EVALUATION REQUEST

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 attending college _____

Please check one: () New student at COM () Returning COM student

Is your application for admission to COM currently submitted? () Yes () No

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

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

What degree or certificate are you pursuing? _____

By my signature on this form, I affirm that I will provide all transcripts to the Admissions Office of College of the Mainland for evaluation in order to complete my request for VA educational benefits. I understand that the Office for Veteran Success will only certify my benefits for one (2) semesters without Official transcripts on file.

Signature of applicant

Date