FULLERTON COLLEGE REQUEST FOR EVALUATION OF OTHER COLLEGE TRANSCRIPTS

Counseling Center • 321 E. Chapman Avenue, Fullerton, CA 92832 • (714) 992-7084

Student's Name:	FIRST	FIRST MIDDLE Student ID#: @				
DOB: / / Phone: (Check box if you're a Veteran Student			
List ALL institutions attended. Offici	al transcripts must	t be on file in the Admissi	ons and Records Off	ice.		
Institution	State	Dates of Attendance *if prior to 1995, course descriptions required*	Other Name(s) Used		Transcript	
		-		□ N/A	□ Attached	□ On file
		-		□ N/A	□ Attached	□ On file
		-		□ N/A	□ Attached	□ On file
I understand that it is my responsibility classes that were taken <i>prior to 19</i>		•		•	a not attached	for
			Student Signatu	ire	/ Date	/
TO BE COMPLETED BY COUNSE	LOR (Incomplete	form will not be processe	d)			
Requested by: Counselor (Print Clearly)		·		/		
FC Degree/Major (if applicable):			Program Code:			
Check evaluation being requested:	□ FC GE pattern (only AA/AS degrees)	CSU GE patter	n 🛛 IGETC GE pa	attern	
Please provide any other information	on for this evaluation	on:				
A&R OFFICE USE ONLY Received in A&R: Evaluator: Sent to Counseli				COUNSELING OFFICE USE ONLY Counseling Office Manager		
COMPLETED	or:	Sent to Counseli	ng:			
				Date Sent to A&R:		
[] Not Completed - Reason:				Fall Spring	_ Summer	
				Date Received from A&R:		
Notes:						
				Date Called Student:		
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