Request for Transcript Evaluation

STUDENT CWID#_		DAT	<u> </u>	
LAST NAME		FIRST		MI
PHONE		EMAIL		
MAJOR				
The following requestriant of the following requestriant of the following requestriant following records class/es.	uirements must be satisfied begurrently registered in classes at completed 6 units at Foothill Coficial transcripts (sealed and units taken outside of California Cofor Math, English or any major You may need to contact your pripts will not be evaluated because	fore submitting this form: Foothill College. ollege. opened) unless one is on to mmunity Colleges, you m related coursework. The opened	file with the Foothill College ust provide a course syllabo course syllabus must be fro s information.	e Admissions & Records Office. us or a detailed course outline m the time you took the
	BE EVALUATED (Please list name o	0. ,,		
	ubmit unopened official transcri uil to: Foothill College, Admissio			
For Official Use Or	Date Received:		Date Processed:	
Evaluated By:				