Transcript Evaluation Request
John A. Logan College

Student Name:_____

Student ID:_____

Date of Birth:_____

College(s) Included in Evaluation:

_____

_____

_____

_____

Program of Study/Major (Required):_____

Email Address:_____

By signing I understand only the official college transcripts listed on this form will be evaluated toward the program of study listed. If I change my program of study (major), I must submit another transcript evaluation request to review transcripts for any additional transfer credit.

Signature of Student:_____ Date:_____

Office Use Only

Transcript Evaluation Completed by:_____ Date:_____