



## Request for Evaluation of College Transcript

**Your transcript will be evaluated only after SRC receives this form.**

Return this completed form to the **Office of Admissions and Records, 23235 North County Road, Canton, IL 61520. ATTN: Transcript Clerk or FAX 309-649-6393.**

Note: Only Degree or Certificate seeking students are eligible to have their transcripts evaluated.

**Name (Please Print):** \_\_\_\_\_  
Last First Middle Initial

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

**Telephone:** \_\_\_\_\_ **SRC ID:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Transcripts to be evaluated:** \_\_\_\_\_  
\_\_\_\_\_

I am currently enrolled or plan to enroll during \_\_\_\_\_ semester. My transcript needs to be evaluated because I plan to complete the following at SRC:

- Associate in Arts and Science (Transferable Degree)
- Associate of Arts in Teaching
- Associate in Applied Science in \_\_\_\_\_
- Associate Degree Nursing
- Associate in General Studies
- Certificate in \_\_\_\_\_

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I am requesting that SRC evaluate my college transcript(s) for the purpose of determining transfer credit. I understand that I must be a degree or certificate seeking student to make this request.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_