SPOON RIVER COLLEGE

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: _____

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 or Associate in Science (Transferable Degree)

☐ 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 _____

_____

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 _____