



REQUEST FOR INITIAL TRANSCRIPT EVALUATION

A Counseling appointment is **required** to complete the Request for an Initial Transcript Evaluation if you have attended any of the following listed below:

- 1. Out-of-State Colleges/Universities
- 2. Private Colleges/Universities within California
- 3. Translated Evaluation of International Transcript

Student Information

Name: _____ Student ID: _____
Last First

Phone: _____ Email Address: _____

Student Signature: _____ Date: _____

*** For Counselor Use Only***

Optional: Please attach the completed advising documents (i.e. IGETC, CSU GE Breadth and/or GE Worksheet) indicating your proposed placement of courses .

Evaluate for: General Education Areas for AA/AS IGETC UC IGETC CSU CSU General Education Breadth
(Select ALL that apply)

Transcript(s) to be Evaluated

Name of Institution

City & State

All Official Transcript(s) are attached (unopened and still sealed within original envelope) or are already on file with the District Admissions & Records Office.

6 units have been completed at Peralta Community College District ("W", "NP", and "F" notations do not count as completed).

Course syllabus from outside college(s) are attached, if available. (May be requested by District A/R)

Official Evaluation of International Transcript (completed by a credential evaluation service) are attached or are already on file with the with the District Admissions and Records Office.

NOTE: International transcripts: <http://web.peralta.edu/admissions/transcripts-from-other-institutions-attended/international-transcripts/> has a list of credential evaluation services accepted by Peralta Community College District and the criteria needed to provide the evaluation agency. Unless an international institution also maintains U.S. Regional accreditation, courses from the international institution cannot be used for CSU GE certification, or for IGETC certification (other than Area 6A: Language Other Than English).

For Counseling and District Admissions and Records Use Only

Counselor Name(required): _____ Counselor's Email: _____

Campus: _____ District A/R Received: _____ Date Evaluated: _____

Date Notified: _____ District A/R Coordinator's Signature: _____