



TRANSCRIPT EVALUATION FORM

Out-of-State College

In-State College

Student Name Student ID #

Address City State Zip Code

Home Phone Number Cell Phone Number

Major: _____

Date Student's Signature

Transcript(s) Evaluation: Attached is an Official Transcript(s) for coursework completed at a previous institution(s). I understand that transfer courses must carry earned grades of C or higher to be eligible for transfer.

Remarks of Transcript Evaluator:

Date Signature of Evaluator

Transcript Evaluation Report: Students requesting Transcript Evaluations will receive a letter from the Office of Student Services indicating the course(s) accepted for transfer by Southeast Arkansas College. The course(s) will be entered in the Student's Official Record and will appear on the Southeast Arkansas College Transcript as a transfer course.

Date Evaluation returned from Academic Affairs