

Counseling Staff Use Only - Unit Exemption				
Counselor Name & Signature:	Date:			

TRANSCRIPT EVALUATION REQUEST Admissions & Records

Any questions regarding external coursework transferability please consult with the counseling office.

COC ID #:	Name:	First		
				М
Former Name(s):				
Address:	E	:mail:	@my	.canyons.edu
	F	Phone:		
	evaluated until you had accepted until all offici			
Is this evaluation for Financi	al Aid?	Yes	No	
Are you eligible for VA educ	ational benefits?	Yes	No	
Reason(s) for Evaluation: _				
List Colleges (not including COC).				
I request my external course that once my transfer units a	-	•		t. I understand
I understand that, in order to course at COC. External co- will be honored.			•	
Student Signature:		Date:		
Please	e allow up to 6-8 weeks fo	or evaluations to be o	completed.	
	FOR STAFF USF	ONLY Drint Only		
Has the student completed 12 ur		ONLY - Print Only		NO
Received By:		Department:	YES	NO Date:
		·		
Comments:				