



Lorain County Community College

1005 North Abbe Road • Elyria, Ohio 44035-1691

Phone (440)366-4074 • 1-800-995-5222, Ext. 4074 Fax (440)366-4182

TRANSCRIPT EVALUATION REQUEST

PROCEDURES FOR EVALUATION OF COLLEGE LEVEL TRANSCRIPTS

Initial Evaluation

- 1 Complete all College Admission procedures **prior to** requesting evaluation of college level and/or military transcripts.
- 2 Complete and return the attached Transcript Evaluation Request form to the Transfer Center. **Each Transcript Evaluation Request is valid for three (3) months from the date of receipt.** If transcripts are not received within the three (3) month time limit, your ability to register for future classes could be limited or denied.
- 3 You are required to request an **OFFICIAL TRANSCRIPT** from the appropriate official of each separate institution of higher education attended. *For your convenience, you may duplicate and use the "Request for Official Transcript" form below.* Request the transcript be mailed **DIRECTLY** to :

Transfer Center
 Lorain County Community College
 1005 North Abbe Road
 Elyria, Ohio 44035-1691

- 4 The transferability of credit is awarded by the Transfer Center Office.
- 5 You will receive a **Notification of Credit Accepted** letter from the Transfer Center Office when your evaluation is completed. Your evaluation becomes part of your permanent student achievement file.

Subsequent Evaluations

PROCEDURES FOR SUBSEQUENT TRANSFER CREDIT ONLY

You are required to complete another Transcript Evaluation Request form with the Connections Center for each quarter or semester attended at another institution. You need to request a new official transcript (see #3 above) following your initial LCCC transfer evaluation.

*****Lorain County Community College **DOES NOT** order Official Transcripts from other institutions.*****

REQUEST FOR OFFICIAL TRANSCRIPT

PLEASE PRINT: USE BLUE OR BLACK BALL-POINT PEN

INSTITUTION NAME: _____

DATE OF GRADUATION / LAST ATTENDANCE: _____

CURRENT FULL LEGAL NAME: _____

BIRTHDATE: _____

Last First Middle

SOCIAL SECURITY NUMBER: _____

NAME USED WHEN ATTENDING THE INSTITUTION LISTED ABOVE: _____

NUMBER OF OFFICIAL TRANSCRIPT COPIES REQUESTED: _____

Last First Middle

For Institution: _____ For Student: _____

A check for \$ _____ is attached to cover transcript fees.

ATTACH THIS FORM TO THE OFFICIAL TRANSCRIPT AND MAIL TO:



Transfer Center
 Lorain County Community College
 1005 North Abbe Road
 Elyria, Ohio 44035-1691

Student Address

STUDENT'S SIGNATURE: _____

DATE: _____



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TRANSCRIPT EVALUATION REQUEST

Request for Evaluation of College Level Transcript(s) and/or Military Records

1 Check the statement that applies to you

- This is my first submission of college and/or military transcripts for evaluation.
- or I have had other college and/or military transcripts previously evaluated by LCCC.

2 Full Legal Name

 (Last) (First) (Middle Initial) (Maiden Name and previous others)

3 Address

 (Number) (Street) (Apt.)

 (City) (State) (Zip Code)

 (Area Code) (Telephone Number)

4 LCCC Student Number

 (not your Social Security Number)

5 Social Security Number

6 Have you served in the United States military? NO YES

If yes, attach a certified copy of your DD214 or Notice of Basic Eligibility for Physical Education Credits.

7 *Program of Study at Lorain County Community College

 *(must declare if receiving Veterans Benefits or entering any program requiring a GPA audit)

8 List College(s) and/or Military Record(s) to be Evaluated (DO NOT USE ABBREVIATIONS)

Date(s) of Attendance

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

OFFICE USE ONLY

Date Transcript Received	Transcript Attached
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9 The Official Transcript(s) from the above named institution(s) has (have) been requested.

NO YES How long ago? _____

I am requesting that the above college transcript(s) and/or military record(s) be evaluated for possible transfer of credit to Lorain County Community College.

10 Legal

Signature _____ Date _____

Verified In Card File
 By _____ Date _____
 By _____ Date _____
 By _____ Date _____

Expected Enrollment Year and Term _____

Request Received By _____

Date Request Received _____
 NLK: REV. 10/08
 ADMSNS6.DOC

This request is valid for three (3) months from the date of receipt by the Transfer Center.