



Lorain County Community College

1005 North Abbe Road Elyria, Ohio 44035-1691
Phone (440)366-4074 or 1-800-995-5222, Ext. 4074 Fax (440)366-4182
Email: registrar.transfer@lorainccc.edu

TRANSIENT 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 (also note maiden/previous/other names)

3 LCCC Student Number

4 Phone Number

5 Birth Date (MM/DD)

6 E-Mail Address

7 Last 4-digits of SSN

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

If yes, please submit a copy of DD-214, NOBE, or Joint Services Transcript for evaluation of credit

9 Program of Study at Lorain County Community College (required)

10 List All College(s) Attended and/or Military Record(s)
(DO NOT USE ABBREVIATIONS)

Date(s) of Attendance

OFFICE USE ONLY

Date Transcript Received

Transcript Attached

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.

Legal Signature _____ Date _____

This request is valid for three (3) months from the date of receipt by the Registrar's Office.

Return This Page to Enrollment Services. Incomplete forms may not be processed.



Lorain County Community College

1005 North Abbe Road Elyria, Ohio 44035-1691
Phone (440)366-4074 or 1-800-995-5222, Ext. 4074 Fax (440)366-4182
Email: registrar.transfer@lorainccc.edu

TRANSIENT STUDENT CREDIT REQUEST FORM

Please complete the following **two (2) pages** of information and then **return both pages** to the Enrollment Services reception desk.

Student Full Legal Name _____
(Last) (First) (MI) (Other Last Names)

Last 4-digits of SSN _____ Date of Birth (MM/DD) _____

Student Phone Number Home(____) _____ Business (____) _____

Name and complete address of other institution you plan to attend

_____ Institution Street Address

_____ City State Zip

Term _____ Year _____

Course(s) to be taken at other institution LCCC Equivalent you are requesting

Conditions for Transferring Credit to LCCC

1. A grade of "C" or better must be earned for a course to transfer.
2. Student must request that an **official** transcript be sent to LCCC at the end of the approved term, but no later than six (6) months after completion of the class.
3. All course work must be completed at an institution accredited by the Association of Schools and Colleges.
4. To transfer course credit, the number of credit hours completed at another institution may not exceed the number the equivalent LCCC course counts. (Ex. CSU course is 4 semester hours, LCCC course is 3, you will be awarded 3 hours.)

I have read the above conditions of transfer and agree to them. It is my responsibility to pick up my approved official Transient Credit form from the receptionist in Enrollment Services no sooner than five (5) business days, but no later than thirty (30) business days from the time I submit this correctly completed request

Student Signature _____ Date _____

Return This Page to Enrollment Services. Incomplete forms may not be processed.