

IVCC REQUEST FOR EVALUATION OF TRANSCRIPTS

****It is the student's responsibility to request OFFICIAL transcripts from all colleges/universities attended to be sent to IVCC.**

Student ID# or SS# _____

Name _____

Former Name _____

Address _____

Phone _____

Degree/Certificate Goal (check all that apply):

Associate in Arts

Associate in Science

Associate in Engineering Science

Associate in General Studies

Associate in Applied Science in _____

Certificate in _____

List previous colleges/universities attended that you would like to request an evaluation of credit for:

1. _____

2. _____

3. _____

4. _____

Please return this completed form to Karen Gregorich, Credentials and Curriculum Coordinator, Counseling Office, 815 N. Orlando Smith Rd., Oglesby IL 61348. Questions? Contact us at (815) 224-0444 or by email at Karen.Gregorich@ivcc.edu. You will be sent a copy of the evaluation in the mail once completed. This process can take up to two weeks.