



# College of Lake County

## Request for Evaluation of College Transcript

Return this completed form to:

**Office of Admissions and Records, Room B-101**  
**19351 W. Washington St., Grayslake, IL 60030-1198**  
or fax to 847-543-3061

Contact prior college(s) and request to have your Official Transcript sent directly to CLC.

Note: Only Degree or Certificate seeking students are eligible to have their transcripts evaluated.

**Name:** \_\_\_\_\_  
Last First Initial

**Address:** \_\_\_\_\_  
\_\_\_\_\_ **Phone:** \_\_\_\_\_  
City State Zip

**CLC ID:** \_\_\_\_\_ **Former or Maiden Name:** \_\_\_\_\_

If you are unsure of your program or degree objective, please contact the Counseling Center at 847-543-2060.  
**When your evaluation is complete, you will receive a notification email in your CLC student email account with instructions on how to view your transfer credit in myStudentCenter.**

**I do  do not  want my degree objective updated to the program indicated below.**

Important: Certificate programs of less than 16.0 hours are not eligible for financial aid.

Students will be placed in a course-taker program until accepted into limited enrollment programs.

**Degree Objective:** \_\_\_\_\_  
(AA, AAT, AS, AES, AFA, AAS, Certificate)

**Academic Program:** \_\_\_\_\_  
(Such as transfer program or name of specific career program)

**Academic Plan Code** (4 character code from Catalog, i.e. for Assoc. in Arts use 13AB): \_\_\_\_\_

### List of Prior Colleges:

**(You must contact each college and request to have your Official Transcript sent to CLC.)**

School Name	City/State	Date Sent to CLC

I am requesting the College of Lake County evaluate my college transcript(s) for the purpose of determining transfer credit.

I understand that I must be a degree or certificate-seeking student to make this request.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_