



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:** _____

The following information is needed for a transcript evaluation. If you are unsure of your program or degree objective, please contact the Counseling Center at 847-543-2060.

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:** _____