

Full Legal Name _____ CR ID# _____

Date of Birth _____ Phone Number _____

Did You Transfer from a Regionally Accredited Institution?

Are you currently enrolled and pursuing a Certificate or Degree from CR?

Have you completed 12 units/credits at College of the Redwoods?

Are your official transcripts* on file with Admissions & Records?

Official Test Scores (AP/IB Exams) require approval from a counselor/advisor.*International Educational Records require prior evaluation by an international evaluation service.***Quarter Units are only applicable toward certain Degrees and may not qualify toward a portion of AA/AST Degrees.***If you answered YES to ALL of the above, submit this form!**

Approved coursework will apply toward your program completion. Limitations may apply.

For assistance completing this form, contact Counseling & Advising at (707) 476-4150

For a list of current Degrees & Certificates offered, visit www.redwoods.edu/degrees**Please select ONE of the Degree or Certificate options AND, if applicable, your desired General Education Pattern. A SEPARATE form MUST be submitted for each individual program:**☐ Associate Degree for Transfer (AAT or AST): _____

General Education Pattern: _____

☐ Associate of Arts, Liberal Arts Degree: _____

General Education Pattern: _____

☐ Associate of Science: _____☐ Certificate of Achievement: _____☐ Certificate of Recognition: _____**What happens next?**

Your transcript evaluation request will take approximately 4 weeks to process. Once processed, you will be notified via your CR Email address. You can view the results of your transcript evaluation by logging onto your WebAdvisor account and selecting "Program Evaluation."

SUBMIT THE COMPLETED FORM TO: Evaluator@redwoods.edu

By signing below, I acknowledge understanding and acceptance that requesting an evaluation of my official transcripts and/or test scores does not guarantee that all previously earned credits will apply to my current program completion at College of the Redwoods. Furthermore, I understand and accept all terms and conditions listed above and acknowledge that, if I have failed to meet any of the above conditions, my Transcript Evaluation Request will be automatically denied.

Student's Signature _____ Date _____

OFFICE USE ONLY - NOT FOR STUDENT USE	
Student Legal Name	
CR ID#	
Date of Birth	
Advisor/Counselor	

[illegible]