

Full Name:

(last, first, middle)

**Phone Number:** 

## **Incoming Transcript Evaluation**

W#:

Date:

## **Submission Directions:**

- Mail or In-Person: Admissions & Records, 3000 Campus Hill Dr, Livermore, CA 94551,
- Email: <u>lpc-evaluations@laspositascollege.edu</u> OR
- Counselor: Leave a signed copy with your counselor

**Note:** Estimated processing time is 8-10 weeks, but may be longer during peak processing times. We do not send notification of receipt. Notification of completion will be sent to your Zonemail account ONLY.

Major Code (ex: L001):		Major Title (ex: Anthropology):				
	ring throug	h Credentials or Parchme	cam (AP, CLEP, IB) scores, and nt, select the information for	•		
List of Official Record(s)/Transcript(s)			Term Type (If Applicable)		Official Document	
			Choose One		On File?	
			Semester	Quarter	Yes	No
	<u>-</u>	·	Semester	Quarter	Yes	No
			Semester	Quarter	Yes	No
			Semester	Quarter	Yes	No
			Semester	Quarter	Yes	No
			Semester	Quarter	Yes	No
			Semester	Quarter	Yes	No
Required Criteria:				Check here if you:		
Yes   No		I have enrolled in or completed at least 12		Applied for financial aid for the		
		units at LPC.		current/upcoming academic year		
Yes   No		I have declared an LPC major AND declared		Are a U.S. veteran and/or part of		
		LPC as my home campus.		the Veterans First Program		
Yes	No	I have met with an L	.PC academic counselor.			

By signing below, I acknowledge that I am responsible for the information required on this form and that the information is complete and accurate.

Student Signature:	
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	STAFF USE ONLY		
Counselor Notes:			
Evaluator Signature:	Date:	Approved	Denied
Coded in Banner & DegreeWorks	Form uploaded to BDMS	Notified:	FAO
			Veterans

Date: