



## INCOMING TRANSCRIPT EVALUATION

Student ID (W): W \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City State Zip

<input type="checkbox"/> Home <input type="checkbox"/> Cell (            )            - <input type="checkbox"/> Work	<input type="checkbox"/> Home <input type="checkbox"/> Cell (            )            - <input type="checkbox"/> Work
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(Major codes can be found at the following link: [www.laspositascollege.edu/class-schedule/majorcodes.php](http://www.laspositascollege.edu/class-schedule/majorcodes.php))

Major Code: \_\_\_\_\_ Major Title: \_\_\_\_\_

Students must submit official transcripts, credit by exam (AP, CLEP, IB) scores, or/and military records to the Office of Admissions & Records.

List of Official Record(s)/Transcript(s)	Term Type (If Applicable) Choose One	Official Document On File?
	<input type="checkbox"/> Semester   <input type="checkbox"/> Quarter	<input type="checkbox"/> Yes   <input type="checkbox"/> No
	<input type="checkbox"/> Semester   <input type="checkbox"/> Quarter	<input type="checkbox"/> Yes   <input type="checkbox"/> No
	<input type="checkbox"/> Semester   <input type="checkbox"/> Quarter	<input type="checkbox"/> Yes   <input type="checkbox"/> No
	<input type="checkbox"/> Semester   <input type="checkbox"/> Quarter	<input type="checkbox"/> Yes   <input type="checkbox"/> No
	<input type="checkbox"/> Semester   <input type="checkbox"/> Quarter	<input type="checkbox"/> Yes   <input type="checkbox"/> No
	<input type="checkbox"/> Semester   <input type="checkbox"/> Quarter	<input type="checkbox"/> Yes   <input type="checkbox"/> No
	<input type="checkbox"/> Semester   <input type="checkbox"/> Quarter	<input type="checkbox"/> Yes   <input type="checkbox"/> No

**Required Criteria:**

- Yes |  No Have enrolled in, or completed, 12 units at LPC?
- Yes |  No Have declared an LPC major AND declared LPC as your home campus?
- Yes |  No Have met with an Academic Counselor?

**Check here if you:**

- Applied to Financial Aid for the current/upcoming Academic Year
- Are a U.S. Veteran and/or part of the Veteran's First Program.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**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 college Zonemail account ONLY.**

NOTES: \_\_\_\_\_

Email: [lpc-evaluations@laspositascollege.edu](mailto:lpc-evaluations@laspositascollege.edu)

### STAFF USE ONLY

Evaluator Signature: _____	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
<input type="checkbox"/> Coded in Banner & DegreeWorks	<input type="checkbox"/> Form uploaded to BDMS	Notified: <input type="checkbox"/> Financial Aid <input type="checkbox"/> Veterans