Palo Verde Community College One College Drive Blythe CA 92225 760-921-5500

Please return form via email: transcript-eval@paloverde.edu or fax: (760)921-3608

Request for Transcript Evaluation Form

(AN EVALUATION WILL NOT BE DONE UNTIL ALL OFFICIAL TRANSCRIPTS FROM PREVIOUSLY ATTENDED COLLEGES AND UNIVERSITIES HAVE ARRIVED AT PALO VERDE COLLEGE)

NAME:				
(Please print) Last	First	Middle	Maiden or Previous Name	
Date of Birth		Date		
Daytime Telephone Numl	oer:			
Social Security Number:			College ID#	
Please evaluate transcript((s) from the co	llege(s)/unive	ersity(ies) listed below:	
1		3		
2.		4.		
transcripts be evaluated for i Transcripts from all regionall	ndividuals not co y accredited coll responsibility of	urrently enrolle eges and/or uni	stration/graduation periods nor wed at Palo Verde College. Officitiversities must be on file before a licant to provide official transcript	
INTERNATIONAL TRANSCRIF BEFORE WE WILL ACCEPT C		ALUATED BY A	N INTERNATIONAL EVALUATOR	
Check box if you are a Veter	an (V.A.) stude	nt		
Check if requesting Advance	e Placement (A.)	P.) Credit		

Evaluation of transcripts may take from 4 to 6 weeks. A copy of your evaluation may be obtained on request. If you are in a degree program, contact the counseling office to speak with a counselor regarding how your transferred credits may count in your program. Counseling appointments can be made by calling (760)921-5500.