REQUEST FOR INITIAL TRANSCRIPT EVALUATION

A Counseling appointment is **required** to complete the Request for an Inital Transcript Evaluation if you have attended any of the following listed below:

1. Out-of-State Colleges/Universities **2. Private Colleges/Universities within California** **3. Translated Evaluation of International Transcript**

Student Information

Name: _____ **Student ID:** _____
Last *First*

Phone: _____ **Email Address:** _____

Student Signature: _____ **Date:** _____

* For Counselor Use Only*

CURRENT MAJOR : _____ ***CATALOG YEAR*** _____

Evaluate for: ☐ **General Education Areas for AA/AS** ☐ **IGETC UC** ☐ **IGETC CSU** ☐ **CAL-GETC** ☐ **CSU General Education Breadth**

(*Select One) Please note evaluations are completed based on the current major.

**** Must have catalog rights for ADT's prior to Fall 2025 for CSU GE Breath & /or IGETC UC/CSU***

Transcript(s) to be Evaluated

Name of Institution	*Only lower division courses will be evaluated	**City & State**

☐ All Official Transcript(s) are already on file with the District Admissions & Records Office.

☐ Currently enrolled in and/or have completed at least 3 units at Peralta Community College District. Units with "W" notations do not count toward completed units. **Note:** District A/R may conduct transcript evaluations without a request form when deemed appropriate.

☐ Course syllabus from outside college(s) are attached, if available. (May be requested by District A/R)

☐ Official Evaluation of International Transcript (completed by a credential evaluation service) are attached or are already on file with the with the District Admissions and Records Office.

NOTE: ***International transcripts: https://www.peralta.edu/admissions/transcripts/international has a list of credential evaluation services accepted by Peralta Community College District and the criteria needed to provide the evaluation agency. Unless an international institution also maintains U.S. Regional accreditation, courses from the international institution cannot be used for CSU GE, IGETC (other than Area 6A: Language Other Than English) or CAL-GETC certification.***

*For Counseling and District Admissions and Records Use Only *

Counselor Name(required): _____ **Counselor's Email:** _____

Campus: _____ **District A/R Received:** _____ **Date Evaluated:** _____

Date Notified: _____ **District A/R Coordinator's Signature:** _____