College of the Siskiyous Counseling Services

Transcript Evaluation Request

***Directions**: Please complete the following steps on this form and attach all transcripts and your current schedule of classes to request. You may fax the completed request to: 530-938-5531 or send it to:*
800 College Avenue Weed CA 96094; **Attention Counseling Services:** Transcript Evaluation

Submission Date: _____ *Please note that standard time is **2-4 weeks;** although evaluations are reviewed in a timely manner-completion time can be impacted by prime registration periods. Incomplete forms will be sent back to the student unevaluated.*

☐ Step 1 - Student Information – Please Print

Student Name Last_____ First _____ Other Last Names _____

SIN _____ DOB _____ Phone _____ E-mail _____

Mailing Address _____
City State Zip

Are you currently enrolled at COS? Y☐N☐ Are you intending to enroll at COS ? Y☐N☐ Semester: _____

☐ Step 2 - Transcript Information

Please attach your current schedule and all transcripts. Requests will not be processed until all transcripts are submitted and this request form is complete. I have:
❑ COS Online Transcript (Fall 1990-present) ❑ COS Microfiche Transcript (courses prior to Fall 1990)
❑ Transcript(s) from other School(s) - Please list below;

Transcript #1 from _____ *attached ☐*

Transcript #2 from _____ *attached ☐*

Transcript #3 from _____ *attached ☐*

☐ Step 3 - Evaluation Information- GE Patterns (Check all patterns that apply):

A. COS Associate Degree or Certificate - Expected graduation Date _____
❑ ASSOCIATE DEGREE Major: _____
❑ COS CERTIFICATE Major: _____ Both Associate Degree and Certificate majors available are listed at http://www.siskiyous.edu/apply/majors.htm

B. COS Nursing Program - Expected Application Filing Period _____
❑ LVN Prerequisites ❑ LVN to RN Step-Up ☐ Prerequisites for transfer BSN Program at _____

C. Transfer Program
❑ CSUGE ❑ IGETC
** Transfer GE for other universities such as SOU, Simpson, and National University can not be evaluated by COS. Contact the University directly to determine what they will accept.*

☐ Step 4 - Copies to other areas (Check all that apply):

Please send copies to: ❑ DSS ❑ EOPS/SSS ❑ Yreka
The information above is correct to the best of my knowledge _____
Requestor's Signature

Evaluator Information (Office Use Only)

DB Input _____ Cmpltd_____ ❑Copies Sent Evaluator's _____
Graduation Record # _____ LVN# _____ RN# _____