

Transcript Evaluation Request Form

If you would like to request a transcript evaluation, please submit a transcript for each college or university attended. If you graduated from the University of Louisville and have not attended any other institutions since graduation, all course information should be available in our student records system.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

SSN: _____ E-mail: _____

Home Phone: _____ Other Phone: _____

Have you taken classes at UofL? Yes _____ No _____

Bachelor's Degree completed and date: _____

If you do not currently hold a Bachelor's degree, expected graduation date: _____

Have you taken the GRE? Yes _____ No _____

If so, when? _____ Verbal Score _____ Quantitative Score _____

Please indicate your choice by clicking on the appropriate box

- | | |
|--|--|
| <input type="checkbox"/> Middle Grades English | <input type="checkbox"/> Secondary Biology |
| <input type="checkbox"/> Middle Grades Mathematics | <input type="checkbox"/> Secondary Business |
| <input type="checkbox"/> Middle Grades Science | <input type="checkbox"/> Secondary Chemistry |
| <input type="checkbox"/> Middle Grades Social Studies | <input type="checkbox"/> Secondary Earth/Space Science |
| <input type="checkbox"/> Grades P-12 in Art | <input type="checkbox"/> Secondary English |
| <input type="checkbox"/> Grades P-12 in French | <input type="checkbox"/> Secondary Mathematics |
| <input type="checkbox"/> Grades P-12 in Physical Education | <input type="checkbox"/> Secondary Physics |
| <input type="checkbox"/> Grades P-12 in Spanish | <input type="checkbox"/> Secondary Social Studies |