

Transcript Evaluation Request Form

If you would like to request a transcript evaluation, please submit a transcript for each college or university attended. (Please print clearly!)

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
SSN: _____ E-mail address: _____
Daytime Phone #: _____

Have you taken classes at UofL? Yes _____ No _____

Student ID #: _____

If so, did you take classes prior to Fall 1982? Could your records be filed under a different last name? _____

Bachelor's Degree completed and date: _____

Major: _____

For office use only:

Request via: Info Session _____ Phone _____ E-mail _____ Appt. w/ _____

Walk-in _____

Date of request: _____

Please indicate your choice by placing an "X" in the appropriate blank.

I would like to have my transcript(s) evaluated for prerequisite content courses in the following certification areas:

Middle Grades (5-9):

English _____ Mathematics _____ Science _____ Social Studies _____

Secondary (8-12):

Biology _____ Business _____ Chemistry _____ Earth/Space Science _____

English _____ Mathematics _____ Physics _____ Social Studies _____

All Grades (P-12):

Art _____ French _____ Physical Education _____ Spanish _____

Send to:

Betty Hampton
Education Advising Center
University of Louisville
Louisville, KY 40292