



PLEASE PRINT

REQUEST FOR EVALUATION OF TRANSFER CREDIT

NOTE: Please DO NOT use this form to request an evaluation of your Germanna Community College transcript. Instead, please contact your advisor.

Date of Request _____ Student ID or SSN _____

Name _____
Last First Middle

Former Name(s) ① _____

② _____

VCCS E-Mail Address _____@email.vccs.edu

Daytime Telephone Number(_____) _____

Address _____
Number and Street or Post Office Box

City State ZIP Code

Evaluate for what Degree/Certificate offered through Germanna Community College _____

Catalog year that you started your curriculum at Germanna Community College _____

College transcript(s) to be evaluated:

NOTE: Germanna Community College will be able to evaluate transfer credit **ONLY** after all transcripts are received. Official transcripts are not required from colleges within the Virginia Community College System (VCCS). However, Germanna Community College reserves the right to request that the student obtain an official transcript from the VCCS college

Student will be notified by VCCS e-mail after transfer credits are posted.

Signature _____