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### Transcript Evaluation Request

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Original Adoption: June 1, 2007  
Effective Date: June 1, 2007  
Last Revision: August 21, 2014

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Campus: \_\_\_\_\_

Program Major: \_\_\_\_\_

Name: \_\_\_\_\_

Student I.D. /No. \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Students wishing to request transcript evaluation for transfer credit must submit an official college transcript and, the course syllabi/outline or official course description for each course. Louisiana Technical College will make every effort to conduct the evaluation as expeditiously as possible once all documentation has been received.

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

<u>Course Number/Title/Grade</u>	<u>Name of College or University</u>	<u>Accepted</u>	<u>Denied</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Department Head/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of CAO/Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Registrar: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use: Student Records</b>	
<b><u>Official Transcript on File:</u></b>	
_____	_____
By Initial	Date

*Policy Reference:* Louisiana Technical College Policy No. IS100.45  
Policy IS1930.106 Acceptance of Transfer Credit  
20 U.S.C. §1232(g), Family Educational and Privacy Rights  
34 C.F.R. §99.1 et seq., Privacy Rights of Parents and Students

Approved:



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Dianne Clark  
Interim Director