



Transcript Evaluation Request Form

Office of the Registrar

This form should be filled out by any prospective student requesting an official transcript evaluation of previous college work. The evaluation will remain on file for one year from the date of evaluation. Life Pacific College reserves the right to make appropriate adjustments to the evaluation in accordance with catalog and curriculum changes. All students are subject to the catalog in effect for the term in which they are considered enrolled.

Personal Information

I am interested in the following program: On campus AA On campus BA Independent Study AA

Full Legal Name – First _____ Middle _____ Last _____ Maiden/Prior _____

Address – Street _____ City _____ State _____ Zip _____

Preferred Phone: Home Cell _____ Secondary Phone: Home Cell _____

Email: _____ SSN: _____ Date of Birth: _____

Previous Institutions

Please list ALL previously attended institutions where bachelor level work was completed. Include Life Pacific College, Life Bible College East, and Mt. Vernon Bible College if applicable.

I.	Name of College or University	Dates Attended (From – To)	Major Field of Study	Earned Degree
2.	Name of College or University	Dates Attended (From – To)	Major Field of Study	Earned Degree
3.	Name of College or University	Dates Attended (From – To)	Major Field of Study	Earned Degree
4.	Name of College or University	Dates Attended (From – To)	Major Field of Study	Earned Degree

You must submit a sealed, official transcript from each institution listed above. Evaluations will not be made on unofficial, opened, or incomplete transcripts. Transcripts are not required for Life Pacific or Life East.

Signature

By signing below I agree to an official transcript evaluation of my previous college work. I understand that this evaluation remains valid for one calendar year from the date of the evaluation. I further understand that this evaluation is subject to adjustments in accordance with catalog, curriculum, and policy changes. I agree to submit final, official transcripts for all previously attended institutions. I have enclosed my payment of \$35 for the evaluation and understand that this may be applied to my required application fee if I apply within one calendar year of the evaluation. I certify that the information I provided on this form is complete and true.

Signature _____ Date _____

Credit Card Information *If paying by credit card, please complete this section.*

Cardholder Name (as it appears on the card): _____

Card Number _____ Expiration Date: _____ Card Code (code on back of card): _____

Billing Address: _____
Street _____ City _____ State _____ Zip _____

Authorized Signature*: _____

***By signing above, I agree that Life Pacific College may charge my credit card one time for the \$35 evaluation fee.**