



## REQUEST FOR TRANSCRIPT EVALUATION

**NOTE:** Students must apply for Admissions and have transcript sent prior to submitting this form. Evaluation will be posted after 12 credit hours have been completed at WCCCD.

HAVE YOU COMPLETED 12 CREDIT HOURS AT WCCCD? \_\_\_\_\_ YES \_\_\_\_\_ NO

Date: \_\_\_\_\_ Campus & Campus Staff Initials: \_\_\_\_\_

A-Number: \_\_\_\_\_ Student SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Academic Program: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Maiden or Other Name(s) used: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

Name of College(s) or Institution(s)

---

---

---

---

---

Date Student requested transcript to be sent to WCCCD: \_\_\_\_\_

### MAIL THIS FORM TO:

Wayne County Community College District  
District Records  
801 West Fort Street  
Detroit, MI 48226

Fax: (313) 962-1643

Send official transcripts for all previously attended colleges or institutions.