

Office of Academic Records 29 Cougar Court Taft, CA 93268 Phone 661.763.7756 Fax 66.763.7705

	<u>PLEASE</u>	PRINT
Student	(Last Name)	(First Name)
Student ID	or Social Security Num	ber

REQUEST FOR TRANSFER CREDIT EVALUATION

Student's Address:					_
	Street	,	City	State/Zip	
Phone number:			Birthdate:		
Student's Signature	»:		Date:		
Trar	nsfer credit will	be used for Taft Coll	ege degree	purposes only.	
You m	ust have earned	l 12+ units and have t	the official	transcript in the	
Der	partment of Aca	demic Records befor	e filling ou	it this request.	
List all Colleges, U	Iniversities, AP, C	CLEP and/or Military	that needs	to be evaluated:	
	onal information. Once		iew your transf	e experienced during peak times fer work by logging into your Co ascript.	
		Records Office use of	only		
Date received:	+12 units	Date processed:	Proc	essed by:	
Notes:					