



**REQUEST FOR EVALUATION
OF TRANSFER CREDIT**

Office of the Registrar
201 W. University
Odessa, Texas 79764

Name: _____

SSN: _____

Address: _____

Phone: _____

Date of Birth: _____

Previous Colleges & Universities Attended:

I am working towards a: (check one)

- Level 1 Certificate
- Level 2 Certificate
- Associate of Arts
- Associate of Science
- Associate of Applied Science

in _____ (major).

FOR OFFICE USE ONLY:

Date evaluation completed: _____

Evaluated by: _____

Copy sent to student on: _____