



Counseling Staff Use Only - Unit Exemption	
Counselor Name & Signature:	Date:

## TRANSCRIPT EVALUATION REQUEST

### Admissions & Records

*Any questions regarding external coursework transferability please consult with the counseling office.*

COC ID #: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First M

Former Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_@my.canyons.edu

Phone: \_\_\_\_\_

***Transcripts will not be evaluated until you have completed 12 units of coursework at COC.  
This form cannot be accepted until all official transcripts have been submitted to COC.***

Is this evaluation for Financial Aid? ..... ☐ Yes ☐ No

Are you eligible for VA educational benefits?..... ☐ Yes ☐ No

Reason(s) for Evaluation: \_\_\_\_\_

List Colleges (not including COC):	

*I request my external coursework be posted to my College of the Canyons (COC) transcript. I understand that once my transfer units are posted to my COC record they cannot be removed.*

*I understand that, in order to alleviate COC substandard academic coursework, I must repeat a COC course at COC. External coursework repetition, academic renewal, and all other grade-related actions will be honored.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please allow up to 6-8 weeks for evaluations to be completed.*

FOR STAFF USE ONLY - Print Only		
Has the student completed 12 units of COC coursework?	YES	NO
Received By:	Department:	Date:
Comments:		