

ID # **A**

Name \_\_\_\_\_  
(Last Name) (First Name) (MI)

**IMPORTANT: Do not submit this form until ALL college transcripts have been received by STLCC.**

**Program of study at St. Louis Community College (required)** \_\_\_\_\_

Are you working toward a restricted program?  No  Yes (please indicate) \_\_\_\_\_

**Are you currently receiving or do you plan to apply for financial aid (Missouri A+, Federal Pell Grant, Direct Loans, veterans benefits, etc.)?**  No  Yes

**List name, city and state of all colleges attended. If the college has closed or changed names since you last attended, please indicate below (be specific):**

Course descriptions may be required from previous U.S. and foreign colleges and universities. All courses evaluated may not apply toward your program of study.

1. Name \_\_\_\_\_ City & State \_\_\_\_\_

2. Name \_\_\_\_\_ City & State \_\_\_\_\_

3. Name \_\_\_\_\_ City & State \_\_\_\_\_

4. Name \_\_\_\_\_ City & State \_\_\_\_\_

5. Name \_\_\_\_\_ City & State \_\_\_\_\_

6. Name \_\_\_\_\_ City & State \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**PLEASE NOTE: A copy of the completed evaluation will be sent to your my.stlcc.edu student email address.**

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— OFFICE USE ONLY —

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Received by** \_\_\_\_\_ **Date** \_\_\_\_\_