NORTHSHORE TECHNICAL COMMUNITY COLLEGE

Transcript Evaluation Request

First Name: _____ **Last Name:** _____

Student ID#: _____ **NTCC Campus**: _____

College/University: _____ **SOAPCOL Code:** _____

Note: Completion of this form does not confirm that transfer credit will be awarded for courses list. Equivalent credit will be awarded based on transfer equivalency matrices and established approval processes at NTCC.

Term Completed *(Ex: Fall 2017)*	**Transfer Course Name** *(Ex: ENGL 101)*	**Course Grade** *(Ex: A)*	**Credit Awarded at NTCC:** *(Ex: ENGL 1015)* *Completed by NTCC Staff*

Student Signature _____ Date _____ / _____ / _____

NTCC Staff Evaluator: _____ Date _____ / _____ / _____