NORTHWEST
LOUISIANA TECHNICAL COMMUNITY COLLEGE

Policy No. 1.023

Northwest Louisiana Technical Community College

TRANSCRIPT EVALUATION FORM

Original Adoption:	June 1, 2007
Effective Date:	June 1, 2007
Last Revision:	April 17, 2024

Name: _____ Banner ID: _____

Transcript Name if Different_____ Date: _____

Campus: _____ Program: _____

Students wishing to request transcript evaluation for transfer credit must submit an official college transcript. The student may be asked to provide a course syllabus and course description for each course.

Semester Course Taken	Course Number	Name of College or University	Course Credit is Accepted For	Grade	Credit Accepted	Credit Denied
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐
					☐	☐

Total # Courses Approved _____ Total # Credits _____

Signature of Coordinator/Dean: _____ Date: _____
*****Coordinator/Dean Signature needed for transferable Allied Health or Electrical courses only.**

Signature of CAO/Designee: _____ Date: _____

Signature of Registrar: _____ Date: _____

Office Use: Official Transcript on File: Verified By Initials: _____ Date: _____