Office of Transcript Evaluation Services, 4000 Lancaster Drive NE, Building 2, Room 200,Salem, OR
Mailing Address: PO Box 14007, Salem, OR 97309-7070
Phone: 503.399.6588 Fax:503.399.3918 Email: evaluation@chemeketa.edu

Chemeketa Community College

Request for Evaluation and Transfer of Previous Credits

Use this form to request an evaluation of previous credits from prior institution(s). Courses are evaluated based on best fit for degree(s) or certificate(s) listed below—if you do not list a degree or certificate, we will evaluate you for the one submitted with your admission application. Once the evaluation is complete an email will be sent to your MyChemeketa account.

1. Complete and submit this form to one of the following: Email to evaluation@chemeketa.edu or in person to Transcript Evaluation Window 13 in Bldg. 2,
   a. Transcripts must be official and from a regionally accredited institution to be evaluated. We do not accept faxed transcripts.
   b. Evaluations are processed once all transcripts listed on the form have been received.
   c. Turnaround time is dependent on the volume of requests.
2. All transfer credits are evaluated based on the degree or certificate program you are pursuing. If you change your degree or certificate program, you will want to have your credits reevaluated. Please submit this form for any reevaluations.

Student ID (K#): ☐☐☐☐☐☐☐☐☐ Date of Birth (mm/dd/yyyy):_____

Name *(as it appears in our records)*: _____

Mailing Address:_____
Street City State Zip

Phone Number with Area Code: Cell Phone: _____ Home Phone: _____

Previous Name(s) Used: _____

Check Only if Applicable:

☐	I am attending Chemeketa under **Veteran Affairs** (VA) Benefits (*Submit this form when enrolling for your first term at Chemeketa. All prior credit needs to be evaluated and reported by the end of your third term at Chemeketa*)
☐	I have ***applied to graduate*** and need my final credits evaluated for my degree or certificate. (*Submit this form and your Application for Graduation by the end of the fourth week of the term prior to the expected term of graduation*)

Chemeketa is not required to accept all credits from other institutions. Submitted transcripts will not be returned or photocopied.

List the Degree(s) or Certificate(s) you want to be evaluated for:

_____

Schools Providing Transcripts for Evaluation:

School: _____ School: _____

School: _____ School: _____

☐ I have sent new or updated official transcripts to Chemeketa for the schools listed above
☐ Please use transcripts already on file at Chemeketa for the schools listed above

Student Signature: _____ **Date:**_____

Chemeketa Community College is an equal opportunity/affirmative action employer and educational institution. To request this publication in an alternative format, please call 503.399.5192.