

Transcript Evaluation

Date of Request \_\_\_\_\_

1. Name (include all names ever held)

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Maiden \_\_\_\_\_

2. Phone Number ( ) \_\_\_\_\_

3. E-mail Address \_\_\_\_\_

4. Current Address \_\_\_\_\_

5. Do you wish to obtain (check one):

\_\_\_\_\_ A graduate degree (Master of Arts in Teaching)

\_\_\_\_\_ An Additional Endorsement

6. Please check which area you are seeking licensure

\_\_\_\_\_ Pre K-3 Early Childhood Education

\_\_\_\_\_ PreK-3 Montessori

\_\_\_\_\_ K-6 Elementary

\_\_\_\_\_ 4-8 Middle Grades

\_\_\_\_\_ K-12 Special Education

\_\_\_\_\_ 7-12 \_\_\_\_\_ (List Subject)

\_\_\_\_\_ K-12 \_\_\_\_\_ (List Subject-SPED or ESL)

\_\_\_\_\_ Adding an endorsement \_\_\_\_\_ (List Grade level or Subject)

\_\_\_\_\_ Adding endorsement to an existing license in ESL or Reading Specialist

7. Undergraduate Major and list school \_\_\_\_\_

8. Graduate Major \_\_\_\_\_

9. Add Additional comments

**Include this form with your transcript.  
Please allow at least one week for results.**