

# Transcript Evaluation Request



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**IMPORTANT INFORMATION, PLEASE READ:**

- Submit completed form to Registration and Records, Ranger Station, Building 4-105 or to [evaluators@olympic.edu](mailto:evaluators@olympic.edu).
- **To be eligible for evaluation:**
  - ✓ **ALL OFFICIAL TRANSCRIPTS** listed on this form must be received by Ranger Station (Registration & Records.)  
**Note:** All transcripts **MUST** be received within a year of the date of this form; otherwise, the request will be canceled.
  - ✓ Requests will be processed after tenth instructional day of the quarter, and completion could take up to 8-10 weeks.
  - ✓ Students must be registered for their first quarter of attendance or previously enrolled at OC.
- **Veterans:** Failure to list **ALL** schools attended will delay your evaluation and temporarily affect delivery of benefits.
- **Official Transcripts**
  - ✓ Students are required to submit official, sealed (unopened) transcripts of all colleges, universities, or military training in support of this request.
  - ✓ Send to Olympic College, Registration and Records, 1600 Chester Ave., Bremerton, WA 98337 or electronic transcripts to [evaluators@olympic.edu](mailto:evaluators@olympic.edu).

I have read and understand the instructions of this request. Please initial. \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE TYPE OR PRINT LEGIBLY**

**Name:** \_\_\_\_\_ **Previous Name (if applicable):** \_\_\_\_\_

**ctcLink ID:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** All communication regarding this form will be emailed to the preferred email listed on your [Student Self-Service](#) portal. Please check or update your email address there.

**EDUCATIONAL GOALS AT OLYMPIC COLLEGE** (Check all that apply)

- Associate in Arts - Direct Transfer Agreement (DTA) \_\_\_\_\_
- Associate of Science (list track and program) \_\_\_\_\_
- Associate of Applied Science - Transfer (list program) \_\_\_\_\_
- Associate in Applied Science (list program) \_\_\_\_\_
- Associate in Technical Arts (list program) \_\_\_\_\_
- Associate in General Studies \_\_\_\_\_
- Bachelor's Degree (list program) \_\_\_\_\_
- Certificate (list program) \_\_\_\_\_

**LIST ALL COLLEGES / UNIVERSITIES/MILITARY SCHOOLS ATTENDED PREVIOUSLY**

If you have more schools to list, please send an email or add another page.

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

Your signature indicates approval and permission for Olympic College to make inquiries (if necessary) to the colleges/universities listed above regarding transcript and course information. This MAY require Olympic College to use your Social Security number and/or birthdate as identifiers.

**Signature:** \_\_\_\_\_ **Advisor Copy (optional):** \_\_\_\_\_

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Olympic College | Enrollment Services | Registration and Records | Credentials Evaluator  
1600 Chester Ave, Bremerton, WA 98337  
olympic.edu

<b>FOR OFFICE USE ONLY:</b> <b>Eligible for Evaluation:</b> ER EP <b>Notes:</b> _____ <b>Request Received Date:</b> _____ <b>Queue Date:</b> _____ <b>Evaluator Notes:</b> _____
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