



1600 Chester Avenue Bremerton WA 98337-1699

Request for Advanced Standing Summary (Transfer Credit)

Registration and Records

FAX: 360-475-7202

Date _____

Last name _____ First name _____

SID# _____ Birth date: _____

Former names: _____

Mailing address _____

Telephone number: _____ E-mail address: _____

Currently attending OC ____ Planning to attend OC ____ Previously attended OC: Before 1985 ____ After 1985 ____

*****READ***READ***READ***READ***READ***READ***READ*****

- To be eligible for evaluation, you must be currently or formerly enrolled at Olympic College. If this is your first quarter at OC, you will be eligible after the tenth instructional day.
- List **ALL** colleges and/or universities attended beyond high school, whether or not credit has been earned. For veterans receiving benefits: Failure to list all schools may delay your evaluation and temporarily effect receipt of your benefits.
- To process your request for evaluation, you **MUST** submit all **OFFICIAL** transcripts listed on this form. It is the student's responsibility to obtain and submit official, unopened transcripts to Olympic College.

Please initial here when the above information has been read. _____

COLLEGES / UNIVERSITIES ATTENDED:

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

NOTE: All official transcripts **MUST** be received by Olympic College within one (1) year of the date on this form or your evaluation will be cancelled. You will be required to submit a new form in order to have an evaluation completed.

Your signature releases Olympic College to make inquiries to the colleges/universities listed above regarding transcript and course information. This **MAY** require Olympic College to give out your Social Security number.

Signature _____ Advisor copy to: _____

For office use only

Eligible for evaluation _____

Queue date _____

LTI _____

Completed _____

Problems: _____