



Request for Transcript Re-Evaluation

Date _____

CCBC ID Number _____

First Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

Program of Study _____

I am requesting a re-evaluation of my transcript for the following reasons:

- I have changed my major.
- I believe one or more courses should have been transferred.
- Other _____

Course Title	University/College	Year/Semester

_____ Student Signature

For Office Use Only

Action Taken	
Signature & Date	

Enclosures: Updated Transcript