

NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ CELL PHONE _____

SSN _____ STUDENT ID _____

E-MAIL ADDRESS _____

TYPE OF DEGREE (Major)

- ____ Associate of Arts (AA)
____ Associate of Science (AS)
____ Associate of Arts in Child Development (AA)
____ Associate of Arts in Criminal Justice (AA)
____ Associate of Arts in Teaching (AAT)
____ Associate of Applied Science (AAS) - Major _____
____ One Year Certificate – Type of Certificate _____
____ Baccalaureate of Science in Nursing (BSN)
____ BAAS Organizational Leadership

LIST ALL COLLEGES PREVIOUSLY ATTENDED

NOTE: Official transcripts from **all** prior colleges **must** be on file before an evaluation can be completed and awarded onto your Weatherford College record.

Signature _____ Date _____

OFFICE USE ONLY

____ Holding for transcripts Advisor _____

____ Holding for substitutions Date Completed _____