To Be Completed by a Counselor				
Date:				
Counselor:				
Student's Name:				
Student's ID#:				
Student's Phone#:				
Major(s):				
Student Athlete or Veteran? (circle)	YE	ΞS	NO	
Institution(s) Attended:				
Type of Transcript Evaluation: (i.e. IGETC, CSU, CCC GE, etc.)				
Transcript(s) on ONBASE: (circle)	,	YES	NO	
Book Appointment*:	Date:	Time:	Counselor:	
Office Use Only				
Student added to Routing sheet				
Verified Evaluated Transcript(s) completed				
Info. added to SARS				

<sup>\*</sup>Please bring the student to an office staff member to **book** the transcript evaluation follow-up **appointment** and place this in the Office Assistant's inbox\*