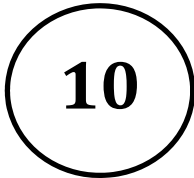


ODESSA COLLEGE

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Transcript Evaluation Request

FORM MUST BE FULLY COMPLETED BEFORE SUBMISSION TO RECORDS OFFICE

Please allow 1-2 weeks for processing. Peak times may take longer.

Date of Request: _____

Requested By: _____ Phone # _____

Student Name: _____ ID# _____

Semester Attending Odessa College: _____ Date Evaluation Needed: _____

Major Name: _____ Degree _____ Certificate _____

Student: Needs TSI Compliance Needs Courses Below Will Complete at OC

Specific Courses Only (please list): _____

Colleges to Evaluate: _____

FOR OFFICE USE ONLY:

Processed by: _____

Date: _____