DeVry University

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Transcript Evaluation Acknowledgement

Name: _____ _____ **Date:** _____
(Last) *(First)*

Student Id Number: _____

Phone Number: _____

Term *(check one)*: ☐ Spring ☐ Summer ☐ Fall **Year:** _____

Transferring School: _____ **Program:** _____

Prefix		Course No.		Course Title		Cost

Student: _____ **Date:** _____

Registrar: _____ **Date:** _____

For Office Use Only

Student Central's staff initials: _____ Registrar's staff initials: _____

Contact Student: ☐ YES ☐ NO If NO, Why Not? _____

Resolution Date: _____ Contact Student Central: ☐ YES ☐ NO