

MOUNT OLIVE COLLEGE
Mount Olive, North Carolina
Evaluation Request

Name _____ Date _____

Local Address _____ PC ID #: _____

_____ Phone (____) _____

Are you currently enrolled at Mount Olive College? ____ Yes ____ No

Date Matriculated to Mount Olive College: _____

If you are not currently enrolled please give dates of enrollment: _____

Please check your Mount Olive College location:

MO____ SJAFB____ NB ____ RTP ____ WASH ____ WILM ____

(Please send completed form to your specified location)

_____ Please evaluate post secondary transcripts for Advanced standing at Mount Olive College.
(If you have not already done so, request official transcripts be forwarded immediately to:
**Registrar, Mount Olive College, 551 Michael Martin Dr. Mount Olive College, NC.
28365**).

I have attended the following schools:

_____ Please evaluate my credits for graduation purposes.

I am working towards a (an):

_____ (Planned graduation date)

_____ Associate in Science Degree in _____

_____ Associate in Arts Degree in _____

_____ Bachelor of Science Degree in _____

_____ Bachelor of Applied Science Degree in _____

_____ Bachelor of Arts in _____