Transcript Evaluation Request Form for Non-degree Licensure-only Students

Please attach this form to a photocopy of all transcripts for evaluation and a self-addressed, letter size, stamped envelope. Transcripts that do not include all of the requested materials will be returned to the sender.

Please Print or Type:

Name: _____________________________________________ Student ID # ________________________________

Address: ____________________________________________

(Address) (City) (State) (Zip)

Email Address: ____________________________ Date of Birth (mm/dd/yyyy) ______________________

(To help us find you in the college’s system)

Date submitted: _____________________________ Phone: (______)___________ (___)______________

Degree(s): ________________________________ University: ________________________________

Degree(s): ________________________________ University: ________________________________

I have never been certified/licensed to teach in the State of North Carolina.

I now hold a NC teaching certificate or license in subject area(s) noted below:
(Indicate even if license needs to be renewed)

I now hold an out-of-state teaching certificate or license in subject area(s) noted below:
(Indicate even if license needs to be renewed)

License Area: _____________________________ State: _____________________________

(Indicate if other than NC)

I am a current or past Meredith College student or have applied to MC and have paid the admission fee.

No evaluation fee required.

I am NOT a current or past Meredith College student, nor an applicant to MC.

Attached is my check or money order ($25 for each area of evaluation), Payable to Meredith College.

Mail to:
Transcript Evaluator
207A Ledford Hall
Meredith College
3800 Hillsborough Street
Raleigh, NC 27607-5298

For office use only: Date received: _____________________________ Date returned: ______________________

SEE REVERSE SIDE OF THIS FORM

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Area (s) for Evaluation

(Please review Transcript Evaluation Guidelines for information)

[ ] Birth-Kindergarten (BK)

[ ] Elementary Education (Kindergarten-grade 6)

[ ] Middle Grades (Grades 6-9) Please indicate area(s)
  Areas: ________Language Arts       ________ Science
          ________ Mathematics       ________ Social Studies

[ ] Secondary (Grades 9-12) Please indicate area(s)
  Areas: ________English       ________ Comprehensive Science
          ________ Mathematics       ________ Social Studies

[ ] Special Subject (Grades Kindergarten-12) Please indicate area(s)
  Areas: ________Art       ________ Dance
          ________Physical Education       ________ Theatre
          ________Music       ________ Spanish

[ ] Family Consumer Sciences (Grades 7-12)

[ ] $25.00 = ________ Total amount due (If required)

Total Areas

For office use only:

Payment received: _________________________ Date: _________________________

Check or money order # _________________________ Received by: _________________________

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