

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 # _____
(If a Meredith student)

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

Evaluator: _____

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)**

_____ X \$25.00 = _____ **Total amount due (If required)**

Total Areas

For office use only:

Payment received: _____

Date: _____

Check or money order # _____

Received by: _____

SEE REVERSE SIDE OF THIS FORM