

Evaluation completed upon admission acceptance at Western Technical College

Last Name:		First Name:		M.I.:	Previous/Maiden Name:
Student ID#:	Social Security#: <i>last 4 digits</i> XXX-XX-	Date of Birth: <i>mm/dd/yyyy</i>		Phone#:	
Street Address:				City:	
State:	Zip:	Email:			
Program of Study to be Evaluated:			Semester Admitted:		
Military Branch:		Years Served:	DD214: <input type="checkbox"/> On File <input type="checkbox"/> Pending		

Please list all post-secondary colleges/universities from which all official transcripts have been requested.

College/University Name:
College/University Name:
College/University Name:
College/University Name:

Joint Services Transcript (JST): <input type="checkbox"/> Requested <input type="checkbox"/> On File Http://jst.doded.mil	Airforce Transcript (AU or CCAF): <input type="checkbox"/> Requested <input type="checkbox"/> On File Http://airuniversity.af.edu/academic-affairs/registrar
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Please send Evaluation form and transcripts to:

Paula Speropulos
 Western Technical College
 Veteran Military Center, ARC122
 400 7th Street N; La Crosse, WI 54601
 Phone: 608-789-4767; Email: speropulosp@westerntc.edu; Fax: 608-785-9159

Electronic Student Signature (*Please type your First and Last Name*)

I understand that checking this box constitutes a legal signature confirming truthfulness of the information provided.

	Date: <i>mm/dd/yyyy</i>
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Notes:
