

Military Credit Evaluation Form

Evaluation completed upon admission acceptance at Western Technical College						
Last Name:		First Name:			M.I.:	Previous/Maiden Name:
Student ID#:	Social Security#: last 4 digits XXX-XX-		Date of Birth: mm/dd/yyyy		/dd/yyyy	Phone#:
Street Address:				City:		
State:	Zip:		Email:			
Program of Study to be Evaluated:			Semester Admitted:			
Military Branch:			Highest Rank Obtained: DD214: □ On File □ 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): ☐ Requested ☐ On File Http://jst.doded.mil			Airforce Transcript (AU or CCAF): Requested On File https://www.airuniversity.af.edu/Registrar/Transcript-Requests/			
Please send Evaluation form an Dustin Schultz Western Technical Colle Student Success Center, 400 7 th Street N; La Cros Phone: 608-789-4767; E Electronic Student Signature (Ple	ge R122 se, WI 54601 mail: schultzdusti		du			
I understand that checking this box constitutes a legal signature confirming truthfulness of the information provided.						
					Date:	mm/dd/yyyy
Notes:						

Updated: 10/25/2024