SECONDARY CERTIFICATION TRANSCRIPT EVALUATION REQUEST FORM

(Please complete upper section, attach transcripts and send to:
WSU Vancouver College of Education, 14204 Salmon Creek Avenue, Vancouver, WA 98686
This form and transcripts may also be emailed to dan.overbay@wsu.edu)

WSU Student ID # (if known): ____________________________

NAME: _____________________________________________

EMAIL ADDRESS: ____________________________________

PHONE: ___________________________________________

CONTENT AREA:

BIOLOGY ___
ENGLISH/LANG ARTS ___
HISTORY ___
MATHEMATICS ___
SOCIAL STUDIES ___
OTHER (see Academic Coordinator if choosing “Other”) ___

COLLEGE/UNIVERSITIES ATTENDED:

1. _____________________________________________
2. _____________________________________________
3. _____________________________________________
4. _____________________________________________

**Transcripts (one from each college or university attended) must be submitted with this form.**

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For Office Use Only

FOLDER NOTES

DATE: ____________ NOTES: __________________________________________

__________ __________________________________________

__________ __________________________________________

READY _______ CLOSE ___________ NOT READY ________________