

Request for Evaluation of Transcripts for the Early Childhood Initial Certification Program

Name _____ Date of Request _____

Former Names Used _____

Address _____

_____ Phone Number (cell) _____

_____ Phone Number (alternate) _____

Email Address _____

Do you presently hold a teaching certificate? Yes _____ No _____

If so, in what field? _____

Note: Please email this completed evaluation request form to bschmelz@westga.edu .

Please mail a complete set of official transcripts from **all colleges or universities attended to:**

Office of Graduate and International Admissions

University of West Georgia

Aycock Hall

Carrollton, GA 30118-4160

Copies of your completed program evaluation will be mailed to you. Please allow 2-3 weeks for the evaluation.

List of all colleges and universities attended:

College of Education, Academic Advisement Center: 678-839-6050

Revised 1/20/16