Kankakee Community College

Request for incoming credit transfer evaluation

Student ID or Social Security no.: ☐☐☐☐☐☐☐☐☐ KCC academic program: _____

Name: _____ _____ _____
Last First Middle initial

Maiden/previous name(s): _____

Date last attended KCC: _____ Telephone no.: _____
( )

All colleges attended: **Dates attended:**

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Signature: _____ Date: _____
mm/dd/yy

Transcripts will be evaluated when:

1) **All transcripts are received.**
2) **Courses in progress are completed.**
3) **Updated/final transcripts are received.**

2/09