2010-2011 Request for Undergraduate UNOFFICIAL EVALUATION

To request an unofficial evaluation prior to applying for a Bachelor's Degree at the University of La Verne, please provide the following information and attach copies of unofficial transcripts from ALL colleges and universities you have attended.

University of La Verne
Orange County Campus
2855 Michelle Drive
Irvine, Calif. 92606

Phone: 714.505.1684   Fax: 714.505.1682

☐ FAX : This includes information form and all of my transcripts

~Please note all transcripts must accompany this form, or your evaluation will be delayed~

Select Degree of Interest:
Please select no more than 2
☐ Business Administration
☐ Child Development
☐ Liberal Studies
☐ Organizational Management *
☐ Public Administration
☐ Online
☐ Public Administration
☐ Organizational Management
☐ *with a concentration in Human Resources

Return Evaluation by Email: Email Address ________________________________

When would you like to start?
☐ Fall   ☐ Winter   ☐ Spring   ☐ Summer  20________

Location to attend classes:
Orange County Campus/Irvine ________________________________

Rio Hondo ________________________________

Corporate Cohort Group ________________________________

NOTE: A minimum of 28 transferable units is required for Online, Child Development, Liberal Studies degree programs.

~Please print clearly~

________________________________________
Last                                                       First                                                      Middle Initial                                    Maiden or Other Names

________________________________________
Address                                                                                                          /   /   /

Street City State Zip Code

Phone (_______)____________________________________ (_______)______________________________________

Day Evening

Colleges/Universities Attended (name only) list all attended

____________________________________________________________________________________
City, State

____________________________________________________________________________________
City, State

____________________________________________________________________________________

AA Degree in Progress ☐ NO ☐ YES

AA Degree in Completed ☐ NO ☐ YES

For Office Use Only

Date of Request _________________________ Date Evaluation Completed & Sent ______________________

Copy Sent to Marketer Alison Rodriguez   Academic Advisor _________________________________