

# University of La Verne

## 2017-18 Request for Online Degree Program Preliminary Assessment

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 transcripts from all colleges and universities you have attended.

**You may mail to:** University of La Verne  
Regional and Online Campuses  
Attention: Unofficial Evaluations  
1950 Third Street  
La Verne, CA 91750

**Or email to:** tcarmon@laverne.edu  
**Or call:** 800.695.4858 Ext. 4965  
**Or fax this information to:** 909.448.1614

*~Please note that missing information will delay your evaluation~*

☐ This fax will include all of my transcripts

**Or**

☐ I will have official transcripts sent by mail

### When do you plan to enroll?

- ☐ Fall 2017: 09/25 – 11/10  
☐ Winter 2018: 01/08 – 03/18  
☐ Spring 2018: 03/26 – 06/03  
☐ Summer 2018: 06/11 – 08/19

### I would like an Unofficial Evaluation for the following online program(s):

- |   |  |
|---|--|
| <input type="checkbox"/> B.A. Business Administration   | <input type="checkbox"/> Associate of Arts *New                                    |
| <input type="checkbox"/> B.S. Organizational Management   | <input type="checkbox"/> B.A. Educational Studies *New                             |
| <input type="checkbox"/> B.S. Organizational Management<br>with a Concentration in Human<br>Resources | <input type="checkbox"/> B.S. Criminology / Criminal Justice<br>(Winter 2018) *New |
| <input type="checkbox"/> B.S. Public Administration   | <input type="checkbox"/> B.S. Information Technology (Winter<br>2018) *New         |

### How would you like the evaluation returned to you?

Please print clearly

☐ Email: Email Address \_\_\_\_\_

☐ US Mail: Address \_\_\_\_\_

### Name that will appear on the transcript(s)

_____	_____	_____	_____	_____/_____/_____ Date of Birth
Last	First	Middle Initial	Maiden or Other Names	

### Address

_____	_____	_____	_____
Street	City	State	Zip Code

Phone ( _____ ) _____	( _____ ) _____
Day	Evening

### Colleges/Universities Attended (name only)

### City, State

_____	_____
_____	_____
_____	_____

AA Degree in Progress ☐ No ☐ Yes

AA Degree Completed ☐ No ☐ Yes

### For Office Use Only

Date of Request: \_\_\_\_\_

Date Evaluation Completed & Sent: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_