

SOUTHEASTERN COLLEGIATE PARTNERSHIP

Transcript Evaluation Request

Please **PRINT** in all Sections: *Student must be in good standing.

NAME:	Maiden Name:
STUDENT ID#:	DOB:
SSN#:	Email:

INSTRUCTIONS

1. Please indicate clearly all previous institutions below.
2. Student records are confidential and transcripts and evaluations are issued only on the written request of the student.
3. I understand that my evaluation will be sent to the SCP Office upon completion.

Signature

Date

PREVIOUS INSTITUTIONS

[] The College at Southeastern (formerly SECWF) _____

Office Use Only

Do Not Write Below This Line

TRANSCRIPT EVALUATION

Class	Eligible	Class	Eligible
HEB5110 Hebrew I		HIS5110 Church History I	
HEB5120 Hebrew II		HIS5120 Church History II	
OTS5110 Old Testament I		HIS5130 Baptist History	
OTS5120 Old Testament II		EVA5100 Evangelism	
GRK5110 Greek I		THE6110 Christian Theology I	
GRK5120 Greek II		THE6120 Christian Theology II	
NTS5110 New Testament I		THE6130 Christian Theology III	
NTS5120 New Testament II		PHI5100 Christian Philosophy	
BTI5100 Hermeneutics		ETH5100 Christian Ethics	
PRS6100 Bible Exposition		MIS5100 Christian Missions	

Evaluated By: _____

Date: _____