Preliminary Degree Evaluation



Please complete this form and email, fax or mail it to us with your transcripts. Or you can drop them off at our admission office. We will email your evaluation back to you.

Full name:				
Last	First		Middle	
Previous name:	Antici			
			Year	
Mailing Address: Number and s	street			
City	State		Zip Code	
Date of birth: / Da	/ Telep!	hone number: ())	
Month Da Number	y Year		Area code	
Previous St. Edward's student: ☐ Y	es □No Vetera	an or active military	y: □ Yes □ No	
☐ Daytime (traditional undergradua	ate) ☐ Evening (adult le	earners)		
Email:				
Schools attended:				
School	City	State	Date of attendance	
Intended major:				
FOR OFFICE USE ONLY			FICE OF ADMISSION 11 South Congress Avenue	
Completed by:		Aus	stin, Texas 78704-6489 one: 512-448-8500 or 800-555-016	
Student ID:		Em	ail: seu.admit@stedwards.edu	
Date			urs: Monday-Thursday. 8 a.m.–6 p. Г. Friday, 8 a.m.–5 p.m. CST	