



A Unit of the Technical College
System of Georgia

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TRANSCRIPT EVALUATION FORM

PLEASE ALLOW 5 TO 7 WORKING DAYS FOR YOUR REQUEST TO BE PROCESSED.

Student Name: _____ **ID:** _____

Address: _____

Program of Study: _____

Please review my transcripts from the following schools:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

SIGNATURE: _____

Please return this form to:
Office of Student Records
Augusta Technical College
3200 Augusta Tech Drive
Augusta, GA 30906

FOR OFFICE USE ONLY

_____ **Letter Mailed** _____ **Copy Scanned** _____ **Transfer Credit In BANNER**