## 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:                        | Antic              |                       |   |  |
|                                       |                    |                       | Year  |  |
| Mailing Address:Number and street     | nt.                |                       |   |  |
| Number and succ                       | π                  |                       |   |  |
| City                                  | State              |                       | Zip Code  |  |
| Date of birth: / Day                  | / Telej            | phone number: (       | _)  |  |
| Month Day<br>Number                   | Year               |                       | Area code   |  |
| Previous St. Edward's student: ☐ Yes  | □No Veter          | ran or active militar | ry: □ Yes □ No  |  |
| ☐ Daytime (traditional undergraduate) | ☐ Evening (adult 1 | earners)              |   |  |
| Email:                                |                    |                       |   |  |
|                                       |                    |                       |   |  |
| Schools attended:                     |                    |                       |   |  |
| School                                | City               | State                 | Date of attendance  |  |
|                                       |                    |                       |   |  |
|                                       |                    |                       |   |  |
|                                       |                    |                       |   |  |
|                                       |                    |                       |   |  |
|                                       |                    |                       |   |  |
| Intended major:                       |                    |                       |   |  |
|                                       |                    |                       |   |  |
| FOR OFFICE USE ONLY                   |                    |                       | FFICE OF ADMISSION  |  |
| Completed by:                         |                    | 30                    | 001 South Congress Avenue   |  |
|                                       |                    | Pł                    | ustin, Texas 78704-6489<br>none: 512-448-8500 or 800-555-016              |  |
| Student ID:                           |                    |                       | mail: <u>seu.admit@stedwards.edu</u><br>ours: Monday-Thursday. 8 a.m.–6 p |  |
| Date:                                 |                    |                       | ST, Friday, 8 a.m.–5 p.m. CST   |  |