

SOC EVALUATION REQUEST FORM

Check below the Institution from where you wish to earn your degree:

- Central Texas College, Attn.: Military Evaluations, P.O. Box 1800, Killeen, TX 76540-1800
- Coastline Community College, Military Transcripts, 11460 Warner Avenue, Fountain Valley, CA 92708
- ECPI, 5501 Greenwich Road, Suite 359, Virginia Beach, VA 23462
- Dallas Community College, DCCCD Military Programs, 9596 Walnut Street, Dallas, TX 75243
- Governors State University, DXL-OTS Building, 1 University Parkway, University Park, IL 60466
- Old Dominion University, Military Distance Learning, Gornito Center, 4th Floor, Norfolk, VA 23529
- St Leo University, Distance Learning Program, 32223 Michigan Ave., San Antonio, FL 33576
- Thomas Edison State College, Attn: Military Education, 101 West State Street, Trenton, NJ 08608-1176
- Vincennes University, Military Education Program, 1002 N. First Street, Vincennes, IN 47591
- University of Oklahoma, Attn: NCPACE Coordinator, 1600 S. Jenkins, Norman, OK 73072-6507

Degree Plan Requested: _____

In order to complete a thorough evaluation, the institution will need the following documents:

- Evaluation Request Form*
- Official Military transcript (SMART or DD295)*
- CLEP/DANTES test score report (if applicable)*
- Official college transcripts from other colleges/universities attended (if applicable)*

Students are advised to have official SMART and other college/university transcripts sent during their initial six semester hours of course work to avoid delays in the evaluation process.

List the courses you have taken or are currently taking from the institution from where you are requesting this evaluation:

- 1. _____ 2. _____
- 3. _____ 4. _____

Provide the names of the other college(s)/universities you have previously attended (and send transcripts):

- 1. _____ 2. _____
- 3. _____ 4. _____

List any CLEP/DANTES, DSST, etc., that you wish to have evaluated toward your degree:

- 1. _____ 2. _____

I understand that by requesting a SOC Agreement, I authorize the evaluating institution to provide copies of the Agreement and academic progress reports to the appropriate US military voluntary education offices and Servicemembers Opportunity Colleges (SOC).

Name: _____ SSN# _____

My current address is: _____

Telephone: Day: () _____ Evening: () _____

Email address: _____

Current Military Installation: _____

Student Signature _____ Date _____

Mail this form along with all your official military and college transcripts to the college or university from where you wish to have your SOCNAV evaluation conducted.