American Samoa Community College
EVALUATION OF TRANSFER CREDITS

STUDENT: _____ **SS Number:** _____

School Name: _____ **Date of Eval.** _____

Veteran: Yes ( ) No ( ) **Military Branch:** _____

TYPE OF EVALUATION: College Credits ( ) Military Credits ( ) Work Experience ( )

Term/Year	Course Name	Credit	Grade	ASCC Equiv.	Credit	Dept. Signature

Total: [ ] **Total:** [ ]

Comments: _____

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_____

Registrar's Signature/Date

_____

Dean of Instruction's Signature/Date