



CENTRAL WASHINGTON UNIVERSITY

**EVALUATION FORM REQUEST FOR FORMER CWU STUDENTS WHO HAVE NOT
ATTENDED CWU FOR FIVE YEARS OR MORE**

Name _____ CWU ID Number _____
(Date of Birth if no CWU ID)

*Former Name(s) _____

Current Mailing Address _____

Phone Number _____ Email Address _____

Degree Seeking (BA, BS, BEAd, BMUS, BAS etc.) _____

Major _____ Minor _____ Specialization _____

Dates you last attended CWU: _____

Other colleges or universities attended prior to attending or since you last attended CWU:

Please send official transcripts from all colleges/universities attended to the address below.

There is a **\$5.00 fee** for the evaluation of degree requirements. Please enclose a check or Money Order with this form.

Student Signature: _____ Date: _____

* If you are using a different name than when you graduated from high school or other colleges attended, please attach verification of name change, i.e.; copy of official court document, driver's license with photo, or marriage license.

Send completed form to: Central Washington University
Registrar Services, Degree Checkout
400 East University Way
Ellensburg, WA 98926-7464
Or FAX: 509-963-3022

Central Washington University, Registrar Services, Degree Checkout, 400 E. University Way, Ellensburg, WA 98926-7464
509-963-3524 Degree_Checkout@CWU.EDU