



School of Interdisciplinary Learning  
Governors State University  
1 University Parkway  
University Park, IL 60466-0975

Phone: 800-478-8478 x4092  
Fax: 708-534-1645  
Email: sidl@govst.edu

### Servicemembers Opportunity Colleges (SOC) Evaluation Request Form

Please check military service:

Air Force       Army       Army Nat'l Guard  
 Coast Guard       Navy       Marines

Student's Name (please print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I am requesting an initial SOC Evaluation from the School of Interdisciplinary Learning for the Bachelors of Arts degree in Interdisciplinary Studies. I understand that I must be enrolled in a Governors State University course before my request is processed.

Please send me the completed evaluation to the address listed below (permanent address).

I understand this will serve as a formal evaluation of my previous learning experiences, based on the information presented to GSU, for my prior college work, CLEP/DANTES tests, and my military experience as evaluated in the ACE Guide.

I understand that the completed evaluation is a 'study plan' from the School of Interdisciplinary Learning and indicates the remaining requirements needed for this degree.

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

- 1) Your official military (SMART) transcript,
- 2) Your official college transcripts from other colleges/universities attended, if applicable,
- 3) Your CLEP, DANTES, and DSST test score report, if applicable.

I have taken the following course from Governors State University (include any course(s) in progress):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have attended the following college(s) and/or universities and will forward official transcripts to GSU. (GSU must have an official transcript to complete a thorough evaluation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My permanent address is:

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

My current address is:

Name: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Country: \_\_\_\_\_

\_\_\_\_\_  
Student signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date