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## TRANSFER CREDIT EVALUTATION FORM; VETERANS AND ELIGIBLE PERSONS

**Instructions:** Complete Section A and Section B below. Submit the completed form along with a copy of your high school diploma and all transcripts /records of prior training to GIA for evaluation. Send to <a href="VAbenefits@gia.edu">VAbenefits@gia.edu</a> or mail to GIA Office of Student Financial Assistance, Attn: VA Benefits MS#7, 5345 Armada Drive, Carlsbad, CA 92008.

SECTION A: STUDENT INFORMATION	
Date:	Program:
Name:	GIA Location: Carlsbad
Social Security No:	
SECTION B: PREVIOUS EDUCATION AND TRAINING	
Name of College or Training Establishment: _	
Subjects or Classes Taken: _	
Dates: De	gree/Certificate Earned: _
Name of College or Training Establishment:	
Subjects or Classes Taken: _	
Dates: De	egree/Certificate Earned: _
Name of College or Training Establishment:_	
Subjects or Classes Taken: _	
Dates: De	gree/Certificate Earned:
	BE COMPLETED BY GIA OFFICIAL
Date Transcripts Received:	Annoted transcripts attached (initial):  Date Student Notified of Results:
Evaluated by:  Results of evaluation (clock hours or credit granted):	Date Student Notified of Ivesuits.

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