

Request to Re-evaluate Education Record

Name: Last Name, First Name		(Please include all former or maiden names)				
Vanguard Student ID Number	(If known)		or Last 4 digits	s of Social Security	Number	
Email Address			Telephone			
Street Address, City, Sate, Zip			1			
Major			Last Year Atter	nded		
Have you ever applied to graduate? Did you p			articipate in previous commencement ceremonies?			
	YES N	0				YES NO
Last Vanguard program	you attended:	raditional Undergro	br			
	Graduate Program (Please Specify)					
	School of Professional Studies					
If it has been more than \$50.00 is due and payo to Vanguard University) redirected to Vanguard	able upon your reque and credit cards. If p	est to re-evaluate paying by cred	te your educ	ation record. V	Ve accept	checks (payable
Click on this link to be redirected to Vanguard University Marketplace						
_						
Signature of Student			Date		VU Marketpl	ace Order Confirmation No.
FOR OFFICE LISE ON IIV					-	
FOR OFFICE USE ONLY						
Date Received	Degree	Major		Fee Paid	F	Processed By
Missing Requirements						

