CATECHIST FORMATION
Transcript Evaluation

This form is to be completed by the catechetical leader, catechist or Catholic school teacher that is requesting credit towards catechist certification in lieu of relevant college credit earned. Please return completed form to the Office of Christian Formation & Schools at the address below. Submitting this form does not guarantee that credit will be given. The transcript will be evaluated by the Office of Christian Formation & Schools who will decide what credit is appropriate.

Last Name: _____ First Name: _____ M.I.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (Home) (_____) _____ (Work) (_____) _____

(Cell) (_____) _____

Email (optional): _____

Name of Parish/School: _____

City: _____

Ministry Area (for example, 5th grade Catechist, RCIA team, etc.): _____

College/University: _____

City/State: _____ **Degree Earned:** _____

Please include a copy of your transcript and list below those courses that might qualify for counting towards catechist certification credit.

Course Title	Presenter	Credit Hours

THE DIOCESE OF STEUBENVILLE

OFFICE OF CHRISTIAN FORMATION & SCHOOLS

PO Box 969 · Steubenville, OH 43952-5969 · Phone: (740) 282-3631 · Fax: (740) 282-3327