

# Transfer Credit Evaluation Request

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## Student Information

Name \_\_\_\_\_ CtcLink # \_\_\_\_\_

Previous Name(s) \_\_\_\_\_

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## Enrollment Information

List the main degree or certificate that is currently active. \_\_\_\_\_

Are you enrolled in classes at WCC?  Yes  No

If yes, what term are you enrolled? \_\_\_\_\_

If no, what term will you start? \_\_\_\_\_

Have you applied for graduation?  Yes  No

If yes, what term? \_\_\_\_\_

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## Transfer Institution Information

List the transfer school and / or testing bodies.

\_\_\_\_\_ year attended \_\_\_\_\_  
\_\_\_\_\_ year attended \_\_\_\_\_  
\_\_\_\_\_ year attended \_\_\_\_\_  
\_\_\_\_\_ year attended \_\_\_\_\_  
\_\_\_\_\_ year attended \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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