WALLACE COMMUNITY COLLEGE

SELMA

**RE-EVALUATION OF TRANSFER CREDIT REQUEST**

Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number\_\_\_W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the **courses from other colleges** that you feel should apply to your major:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Semester/yearcompleted | Coursenumber | Course Title | Credits | College whereCredit was earned | WCCS Evaluation(do not write on this column) |
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Please submit any supporting documentation with this form: course descriptions, syllabi, etc.

Please remember:

* a grade of ‘D’ may transfer if the cumulative GPA is 2.0 or above at the time of admission
* no graduate-level or pass/fail courses may transfer
* certain courses, such as anatomy and physiology, may not satisfy program requirements if there has been a lapse of time since completion.
* courses taken under a quarter or trimester system will be evaluated and adjusted to the semester system
* only official transcripts received by WCCS will be reviewed. No student unofficial copies will be reviewed
* please see the College catalog for additional transfer guidelines

You will be notified by e-mail once the re-evaluation is completed.

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Signature of Student Date

(WCCS Office Use Only)

Advisor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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