

Date: \_\_\_\_\_ Student ID Number (SID): \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name: \_\_\_\_\_ Previous Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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The purpose of this form is to request equivalent placement into pre-college and college-level courses based on your placement at another Washington Community or Technical College. **R U B C A V W D T W H**  
The following transcript is needed to transfer the credit: \_\_\_\_\_

Previous Institution (Name) \_\_\_\_\_  
Can take up to \_\_\_\_\_ business days.

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

SVC provides a drug free environment and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, disability, marital status, or age in its programs and employment.