

Transfer Credit Evaluation completed upon acceptance at Western Technical College.

Student Last Name:	Student First Name:	M.I.:	Previous/Maiden Name:	
Student ID#:	Social Security#:	Date of Birth: <i>mm/dd/yyyy</i>	Phone#:	
Street Address:				
City:	State	Zip:	Email:	
Program Enrolled:		Program to be evaluated, if different from program enrolled:		
Have you requested a Transfer Credit Evaluation previously?		Yes:	No:	If yes, when: <i>yyyy</i>

Please list all post-secondary colleges/universities and/or military branch from which **official** transcripts have been requested. The Transfer Credit Evaluation is processed only after ALL transcripts are received by Western.

College/University Name:	Date Requested: <i>mm/yyyy</i>
College/University Name:	Date Requested: <i>mm/yyyy</i>
College/University Name:	Date Requested: <i>mm/yyyy</i>
Military Branch:	Date Requested: <i>mm/yyyy</i>

All courses on your transcript(s) that apply toward your program of interest are evaluated for transfer credit. It is your responsibility to provide adequate information for course evaluations (e.g., course descriptions, syllabi, learning objectives, etc.). You will be contacted if additional information is required. If you have any specific course evaluation requests, please list them below.

Please send Transfer Credit Evaluation form and transcripts to:

Western Technical College
 Admissions, R160
 400 7th Street N; La Crosse, WI 54601
 608-785-9200

Veterans & Service Members ONLY:
 Western Technical College
 Veteran Military Center, R202
 400 7th Street N; La Crosse, WI 54601
 608-789-4767; speropulosp@westerntc.edu
 Fax: 608-785-9159

Student Signature	Date:
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Date: _____

Posted:

Excel:

Letter:

Updated: 08/01/2016