

Western Technical College  
Admissions  
400 7<sup>th</sup> St N  
La Crosse WI 54601  
Fax 608 785 9148  
Phone 608 785 9200

**Western requires that an application be on file and complete (application fee paid/testing/ transcripts) in order for an evaluation to be processed. Your evaluation will be processed after those requirements have been met.**

Social Security Number \_\_\_\_\_ Student ID \_\_\_\_\_

Name \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle) (Name if previously different)

Current address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Have you had a credit evaluation processed previously? \_\_\_no\_\_\_ yes When? \_\_\_\_\_

Are you currently enrolled at Western \_\_\_no\_\_\_ yes (Name Program(s)) \_\_\_\_\_

Program(s) to be evaluated \_\_\_\_\_

If requesting military or post-secondary transfer credits, list each branch or school from which you will be sending transcripts. **The credit evaluation will be processed only after all transcripts have been received by Western. Transcripts must be official to be used for transfer credit.**

Name of school \_\_\_\_\_ Date Sent \_\_\_\_\_

Name of school \_\_\_\_\_ Date Sent \_\_\_\_\_

Name of school \_\_\_\_\_ Date Sent \_\_\_\_\_

Military Branch \_\_\_\_\_ Date Sent \_\_\_\_\_

**Please Note: It is the student's responsibility to provide adequate information for course evaluations. This may include course descriptions, syllabi, etc. You will be contacted if additional information is needed.**

All courses on your transcripts that apply to your program of interest will be considered for transfer credit. Please list below any specific requests you may have.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date \_\_\_\_\_

Posted ☐

Excel ☐

Letter ☐

Updated 10/12/15