

REQUEST FOR TRANSFER CREDIT EVALUATION

Transfer Credit Evaluator
 400 7th St N
 La Crosse WI 54601

Please fill out this form completely. Failure to do so may result in credits not being awarded.

Social Security Number _____ Student ID _____

Name _____ / _____
 (Last) (First) (Middle) (Name if previously different)

Current address _____

City _____ State _____ Zip _____ Email (optional) _____

D.O.B. _____ Phone # _____ Program starting date _____

Program(s) you wish evaluation for _____ Past Western Program(s) _____
 (Example: Nursing, Automotive, Interior Design)

Have you had a credit evaluation processed previously? ___no___ yes When did you have a credit eval. done? _____

Are you currently enrolled at Western ___no___ yes (Name Program) _____ (Example: Nursing, Automotive)

If requesting post-secondary transfer credits, list each school from which you have either attached an **OFFICIAL** transcript or requested that transcripts be sent to Western. **The credit evaluation is done only after all transcripts have been received by Western.**

Name of school _____ Attached to this form ___yes___ no Requested ___yes___ no

Name of school _____ Attached to this form ___yes___ no Requested ___yes___ no

Name of school _____ Attached to this form ___yes___ no Requested ___yes___ no

Please Note: Provide course descriptions for program specific courses from the school that you are requesting a transcript.

Specific Requests: (List any specific course(s) that you want evaluated i.e. computer class, psychology class, sociology class etc.)

Signature _____ **Date** _____

Office Use Only Below This Point

Date _____	<input type="checkbox"/> Posted	<input type="checkbox"/> Excel	<input type="checkbox"/> Letter
Date _____	<input type="checkbox"/> Posted	<input type="checkbox"/> Excel	<input type="checkbox"/> Letter

Division Notes