Credit for Previous Education/Training

_____
Student Name Student Id #

(Circle One) **DEGREE** **DIPLOMA** **CERTIFICATE**

_____
Program

_____
School Institution Name Dates Attended

I request that previous education/training be evaluated for possible transfer of credit in the following areas:

_____ _____
Student Signature Date

DO NOT WRITE BELOW THIS LINE: COLLEGE USE ONLY

Previous Course	WGTC Course	Credits	Additional Comments

Evaluator _____ **Credits Keyed By:** _____

Date/Checked By _____ **Transcript to Student** _____

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