Transfer Credit Approval Form

This form is intended for students who wish to take courses at other colleges to transfer to WCCC. After a review of the courses you wish to take, you will be notified in writing whether or not the courses will be accepted by WCCC for transfer credit. Please complete and submit this form at least three weeks in advance of registering for courses at other institutions to allow sufficient time for the course to be evaluated and you to be notified of the decision. If you have any questions, contact the Registrar at (908) 835-2300 or registrar@warren.edu.

Please note that as per the Warren County Community College Degree Policy, in order to earn a degree from WCCC, at least 15 semester hours of credit must be completed at WCCC. Submission of this form indicates a familiarity with this policy and approval of credits for transfer in no way supersedes this policy.

Student submitting request:

Name: ___________________________  Phone: ___________________________

Email: ____________________________  Work Phone: _________________________

Address: ________________________________

City: ____________________________  State: __________  Zip: ________________

Course Information:

College: __________________________

Course Number and Title: __________________________

Credits: ______________  Term You Intend To Take Course: ______________________

Proposed WCCC Equivalent: __________________________

Other Information You Think May Be Relevant: __________________________

*Please attach a photocopy of the course description for the course you intend to take from the college catalog. A print out of the course description from the school’s online catalog will be acceptable.

Your Signature: ___________________________  Date: ________________________

For office use only:

☐ Approved  ☐ Not approved

Registrar: ___________________________  Date: __________

JAN 2017