

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 si	ubmitting request:				
Name:	Phone:				
Email:	Work Phone:				
Address:					
Course In	nformation:				
College: _					
	umber and Title:				
		Intend To Take Course: _			
Proposed	WCCC Equivalent:				
	ormation You Think May Be Relevant				
-					
*Please a catalog.	ttach a photocopy of the course desc A print out of the course description	cription for the course you from the school's online	ou intend to take from t e catalog will be accept	the college able.	
Your Sign	nature:		Date:		
	Fo □Approved	or office use only:	Not approved		
	Registrar		Date:		