Inter-College Reciprocity Agreement Instructions & Request Form

Instructions to Student:

PRINT legibly the information requested below. Write a brief description of what you would like SCC to accept from your previous college. SIGN and date this form and submit to the Registrar’s Office at your previous college, who will mail it back to us. (The Inter-College Reciprocity Agreement Instructions are on online)

Degree:   □ Direct Transfer (DTA)   □ Associate in Science-Transfer (major: _____________)   □ Other ____________

Student Name (please print) __________________________________________________________SID# __________________

Student Email Address _____________________________________________ Phone # __________________

Name of previous college/ institution __________________________________________SID# __________________

Name of Student at previous college/ institution __________________________________________

Brief description of what you would like SCC to accept from your previous college/institution:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I authorize ___________________________(previous college/ institution name) to complete this form and mail it to Shoreline Community College

Student Signature ________________________________________________________________________ Date ____________

Instructions to Sending college/institution:

Complete the appropriate sections below, sign, and send to SCC.

□ Reciprocity of Individual Courses: List the specific course(s) and the distribution area(s) met,
(Example, SPCMU 101 or CMST& 101 Humanities; MATH 124 or MATH& 151/ Math/Science)

________________________________________________________________________________________

□ Has met Reciprocity of Distribution Areas/Specific Requirements:

________________________________________________________________________________________

________________________________________________________________________________________

I certify that this student has met the Inter-College Reciprocity Agreement requirement(s)

Signature ___________________________ Signatory’s Name (Please print)/ Title ___________________________ Date ____________

“Sending” college/institution please mail this document directly to: ___________________________

Shoreline Community College
Enrollment & Financial Aid Services
16101 Greenwood Ave N.
Shoreline, WA 98133

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