

REQUEST FOR PLACEMENT RECIPROCITY

Requests are processed within 3-5 business days

Date: _____ Student ID Number (SID): _____ Birthdate: _____

Name: _____ Previous Name: _____

Phone Number: _____ Email: _____

The purpose of this form is to request equivalent placement into pre-college and college-level courses based on your placement at another Washington Community or Technical College. The following conditions must be met for the placement assessment to be considered:

1. The placement recommendation must have been made within the last 12 months.
2. If credit was granted for a course, then placement will be based on that course (an official transcript is needed to transfer the credit).
3. The student must provide a copy of the document that provides **specific placement recommendation** information from the sending institution (attach to this form).

Previous Institution Name: _____

Assessment/Test Completed: _____ Date Completed: _____

I hereby certify that to the best of my knowledge, all statements are true and I understand this process can take up to five (5) business days.

Student Signature

SVC provides a drug free environment and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, disability, marital status, or age in its programs and employment.