

**PLACEMENT RECIPROCITY
STUDENT REQUEST FORM**

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).
3. The student must provide a copy of the document that provides specific placement recommendation information from the sending institution.

Name

_____-_____-_____
SID

Year and Quarter

Community or Technical College where student received the placement results (attach your placement results)

Student Signature

Date

Prior to registering for classes--Return the completed form to:
Admissions or Registration in Room BE 1104, the *Enrollment Services Lobby*.
By Fax: 206 934-5563 or by mail:

SEATTLE CENTRAL COMMUNITY COLLEGE
REGISTRATION AND RECORDS
1701 Broadway, Rm 1104
Seattle, Wa 98122