

**Reciprocity Agreement Request Form**  
**\_\_\_\_\_ (Receiving College)**

**Instructions to Student:** Indicate your (1) name and SID # at the college you plan to earn your degree (receiving college), and (2) the previous college and your SID # at the (sending) college. Submit this form to the Registrar's Office at either the sending or receiving college.

Student Name \_\_\_\_\_ SID# \_\_\_\_\_

Previous (Sending) College: \_\_\_\_\_ SID # (sending college) \_\_\_\_\_

**Instructions to Sending College:** complete the appropriate sections below, sign, and send to the receiving college.

**Reciprocity of Individual Courses:**

List the specific course(s) and the distribution area (s) it meets:  
Example: HUMAN 108/Humanities; MATH 281/Natural Science.

\_\_\_\_\_  
\_\_\_\_\_

**Reciprocity of Distribution Areas/Specific Requirements:**

- Has met the sending institution's residency **number of credit** requirement.  
Residency credit requirement: \_\_\_\_\_

- Has met the entire Communication Skills, Quantitative Skills or Distribution Requirement of the degree, according to the sending institution's degree criteria\*

**Degree:** (Associate in Arts-DTA or Associate in Science – Transfer AS-T)

\_\_\_\_\_

**Distribution Requirement/Courses:** (Example: 15 credits Social Science, 2 different disciplines: PSYCH 110, PSYCH 220, SOC 110)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Has maintained a cumulative college-level grade-point average (GPA) of 2.0 or better at the sending institution.

**I certify that (student name) has met the Reciprocity Agreement requirement (s) checked above.**

\_\_\_\_\_  
Sending Institution (SCCC) Authorized Signature

\_\_\_\_\_  
Date

Mail to: (Receiving College mailing address & phone number)

The sending institution will mail the receiving institution the verification (similar to an official transcript).