

VCCS Transfer Evaluation Request

(Please fax or mail the completed form to the Admissions and Records Office)

Student's Name: _____

Former Names: _____

RCC Student ID: _____ Campus: (circle one) Warsaw / Glenns

Program/Plan: _____

Student must be program/plan placed (degree/certificate) in order for an evaluation to be processed.

Please transfer applicable credits to RCC from the following VCCS colleges:

Name of Virginia Community College	Student ID #
_____	_____
_____	_____
_____	_____
_____	_____

Student's Signature _____ Date _____

Daytime Phone Number _____ Email Address _____

Rappahannock Community College

Office of Admissions and Records

Glenns Campus
 12745 College Drive
 Glenns, Virginia 23149
 Phone: (804) 758-6740
 Fax: (804) 758-6830

Warsaw Campus
 52 Campus Drive
 Warsaw, Virginia 22572
 Phone: (804) 333-6740
 Fax: (804) 333-6836

College Registrar _____ Date _____