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) 758-2007

Warsaw Campus
52 Campus Drive
Warsaw, Virginia 22572
Phone: (804) 333-6740
Fax: (804) 333-3197

_____ _____
College Registrar Date

tmp
06/2014

A&R Only:

Entered in SIS: _____

Date: _____