

Inter-College Reciprocity Agreement Instructions & Request Form

Instructions to Student:

PRINT legibly the information requested be college. SIGN and date this form and subrecollege Reciprocity Agreement Instruction	elow. Write a brief description of what you would nit to the Registrar's Office at your previous colle s are on online)	d like SCC to accept from your previous ege, who will mail it back to us. (The Inter-
Degree: □ Direct Transfer (DTA)	☐ Associate in Science-Transfer (major:) □ Other
Student Name (please print)		SID#
Student Email Address		Phone #
Name of previous college/ institution		SID#
Name of Student at previous college/ instit	ution	
Brief description of what you would like SCC to accept from your previous college/institution:		
I authorize Community College	_ (previous college/ institution name) to complet	e this form and mail it to Shoreline
Student Signature		Date
Instructions to Sending college/	institution:	
Complete the appropriate sections below,	sign, and send to SCC.	
□ Reciprocity of Individual Courses:	t the specific course(s) and the distribution area(s) met, ample, SPCMU 101 or CMST& 101 Humanities; MATH 124 or MATH& 151/ Math/Science)	
☐ Has met Reciprocity of Distribution	Areas/Specific Requirements:	

I certify that this student has met the Inter-College Reciprocity Agreement requirement(s)

Signature Signatory's Name (Please print)/ Title Date

"Sending" college/institution please mail this document directly to:

(college seal, if desired)