



Permission to Perform a Reverse Transfer Degree Audit

PLEASE PRINT

First Name	Middle Name	Last Name
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Mailing Address

Date of Birth	WNCC ID (If known)
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Phone Number(s)	Email Address(es)
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I would like Western Nebraska Community College (WNCC) to check if I am eligible to receive my Associate's Degree in:

(Example: Business Administration, Associate of Arts)

I would also like WNCC to determine if credits from other colleges I have attended can be applied to an Associate's Degree or certificate*.

List other colleges or universities attended:

*If you are requesting WNCC to evaluate transcripts from other colleges, you must have an official transcript from each college sent to:

Western Nebraska Community College
Registrar's Office
1607 E. 27th Street
Scottsbluff, NE 69361

Contact Information:
p 308.635.6013
f 308.635.6732
registrar@wncc.edu

By signing below, I certify that I understand that my participation in this program will in no way have a negative effect on my status or academic standing at current college or university.

Student Signature	Date
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