



## Permission to Perform a Reverse Transfer Degree Audit

PLEASE PRINT

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First Name	Middle Name	Last Name
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Mailing Address

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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:

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(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:

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\*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. 27<sup>th</sup> 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.

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Student Signature	Date
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