

**PLACEMENT RECIPROCITY
STUDENT REQUEST FORM**

CLOVER PARK TECHNICAL COLLEGE

The purpose of this form is to request equivalent placement into pre-college and college-level courses based on your placement at another Washington Community or Technical College. The following conditions must be met for the placement assessment to be considered:

1. The placement recommendation must have been made within the last 12 months.
2. If credit was granted for a course, then placement will be based on that course (an official transcript is needed).
3. The student must provide a copy of the document that provides specific placement recommendation information from the sending institution.

Prior to registering for classes--Return the completed form to: Evaluator, Enrollment Services, Building 17.

Full Name _____ ctcLink ID _____

Mailing Address _____

Email Address _____

Contact Phone Number _____

Year _____ Select Quarter: Summer Fall Winter Spring

Enter the name of the Community or Technical College you received your placement results from. You must attach your placement results from each institution listed.

Institution Name _____

Institution Name _____

Institution Name _____

Student Signature _____ Date _____