This form is used to verify transferability and equivalency of courses from other institutions to FCC. You are still subject to the institution’s requirements for meeting pre-requisites, transfer standards, and graduation requirements, including the required grade point average in your selected program of study. You may view this information in our College catalog or on our website at www.frederick.edu

If you are a current FCC student and wish to take one (or more) of your required courses at another institution, please provide the following information and allow FCC 5 to 7 business days for the courses to be evaluated. Be sure to indicate how you want the completed form returned to you. This form may also be used for reverse transfer purposes. Please use multiple forms if your courses exceed the space provided.

The following College policies apply to the transfer of credits:
• A maximum of 45 credits may be transferred into FCC and applied toward degree requirements.
• It is your responsibility to have an official transcript sent directly to the FCC Welcome Center upon completion of the course work for evaluation purposes at FCC.

FCC Student ID # ___________________________ Student Name _______________________________________

Date of Birth ___________________________ Phone number ________________________________

Address ___________________________ City, State, Zip ________________________________

Degree Program at FCC ___________________________

Name of institution where course(s) will be taken _______________________________________________________________

Semester/term you plan to enroll (valid only for the semester listed) _______________________________________________________________

<table>
<thead>
<tr>
<th>Dept.</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credits</th>
<th>FCC Equivalent Course (FCC use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please check how you would like to receive the completed form:

Pick up at the Welcome Center (check box) [ ]

Email _______________________________________________________________

Mail to following address _______________________________________________________________

Fax to (provide name and number) _______________________________________________________________

Student Signature required (Digital signature not accepted) ___________________________ Date Submitted ___________________________

FCC Transfer Evaluator (FCC use only) ___________________________ Date Completed ___________________________