



**Wharton County
Junior College**

REQUEST FOR DEGREE/CERTIFICATE EVALUATION

ALL CORRESPONDENCE WILL BE SENT TO THE WCJC STUDENT E-MAIL ADDRESS

NAME: _____ DATE: _____

STUDENT ID/ SSN NUMBER: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE NUMBER: _____

MAJOR: _____

OTHER NAMES USED: _____

OTHER COLLEGES ATTENDED:

1. _____

2. _____

3. _____

PLEASE SELECT WHICH DEPARTMENT YOUR EVALUATION SHOULD BE
FORWARDED TO:

- FINANCIAL AID
- DEPARTMENT _____

NOTE: REQUEST EVALUATIONS PRIOR TO PROGRAM DEADLINES.
PROCESSING TIME MAY VARY DUE TO THE HIGH VOLUME OF STUDENTS
REQUESTING EVALUATIONS.

MAIL OR TURN IN TO ANY WCJC CAMPUS ADMISSION AND
REGISTRATION'S OFFICE OR FAX TO: (979) 532-6494