



**SOWELA**  
**TECHNICAL COMMUNITY COLLEGE**

PO Box 16950, Lake Charles, LA 70616-6950  
3820 Sen. J. Bennett Johnston Ave.,  
Lake Charles, LA 70615  
(337) 491-2688 Office / (337) 491-2054 Fax

**TRANSFER CREDIT REQUEST FORM**

To request transfer credit evaluation from other institutions, the student must provide the following:

1. A completed Transfer Credit Request Form.
2. An official transcript from each institution, to be sent directly from the former college or delivered in the original sealed envelope to Sowela Technical Community College. NOTE: It is the student's responsibility to make sure that the transcript(s) migrate to the Registrar's office.

**Name: (List all names that may appear on transcripts, i.e. maiden name, former married name)**

<b>Social Security Number:</b>		<b>DOB:</b>	
<b>Address:</b>		<b>City:</b>	
<b>State:</b>	<b>Zip:</b>	<b>Phone:</b>	
<b>Major:</b>		<b>Academic School Year</b>	

**Please list each college that you would like transcripts reviewed:**

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By signing this request I certify that I understand the following: 1) Official transcripts from each college attended must be submitted and received by Sowela Technical Community College, Office of the Registrar within 30 days from the beginning of the first semester of enrollment, 2) Transfer of credit will be considered only for comparable courses within the current curriculum at Sowela. 3) Grades of "C" or better will be considered for transfer credit. 4) No credit will be transferred for remedial or transitional courses. 5) Once the credit becomes a part of the student's official record at Sowela, it will not be removed.

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**Student Signature**

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**Date**