

## **Enrollment & Student Services**

One College Drive Calais, ME 04619

207-454-1034

Instate: 800-210-6932 Fax: 207-454-1092

## **Away Approval**

If you are a Washington County Community College matriculated Student, making successful academic progress, and you want to enroll in courses to complete your degree requirements at another college and transfer these credits back to WCCC, you must meet with your Advisor to review your program requirements, complete this form and attach a copy of the course(s) description. The course(s) will be reviewed for relevancy toward your program of study and a copy of this form will be returned to you with a decision. Students must be enrolled at least half-time (equivalent of 6 semester hours) at WCCC for away courses to be considered in financial aid calculations

aid calculations.						
Last Name:		First Name:		M.I.:		
Mailing Address:		City:		State:	State: Zip:	
Phone Number: Cell phone carrier: [	☐ US Cellular ☐ Verizo	Mobil on □ AT & T □	e Phone Number: l Tracfone	Text Upd	ates:Yes _	No
Student ID #:		Email address: _				
Advisor:	Program of Study:					
I understand that receipt of financi until the course i	nester registering for (please of the please	ease check semester Benefits or Financia ollow payment req fits at WCCC. Avai ollment is verified	I Aid from WCCC for the uirements at the about lable aid will not be to a compared that	Summer Year 20	No ardless of my to the other s	chool
	and number of credit hours	OGRAM OF STUD	Y WILL BE APPROVED		de of "C" is re	quired
Course #	Course Title	Credit Hours	WCCC Course Equivalent	Approved	Not Appro	oved
	bmitted to Anne Donahue			rices the semester befor	e or prior to	
Student Signature: _				Date:	· 	
Advisor Signature: _				Date	:	
Coordinator of Enrol	lment & Student Services:			Date	:	<del></del>