



**Student Request for Evaluation of Continuing Education Courses for Curriculum Credit
Allied Health and Public Services Division**

Note: Submit the completed form to the Workforce Continuing Education Director/Coordinator.

Name: _____ Phone: _____
First Middle Last

Email: _____

Student ID Number: _____ Date: _____

I have attached my Wayne Community College Continuing Education Transcript

Note: Continuing education units for curriculum credit evaluation since Summer 2025 will be reviewed for credit.

Please Check All That Apply:

Continuing Education Course for Evaluation

All WCE Classes must be Summer 2025 or later

Curriculum Course Equivalent

_____ MLT 3100 Introduction to MLT

_____ MLT 110 Introduction to MLT

WCE Director/Coordinator Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Retain a copy and forward form and original WCE transcript to Continuing Education Director/Coordinator.
Send approved request and original WCE transcript to Curriculum Registrar.

FOR ADMISSION & RECORDS ONLY:

Form Received – Date _____

Copy to WCE Registrar – Date _____

Date CU credits awarded _____

Total CU Credits awarded _____