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www.waynecc.edu

**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 Spring 2015 will be reviewed for credit.

Please Check All That Apply:

Continuing Education Course for Evaluation

All WCE Classes must be Summer 2019 or later

Curriculum Course Equivalent

___ PHM 3250 Pharmacy Technician Training

PHM 110

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 USE ONLY:

Form Received – Date _____

Copy to WCE Registrar – Date _____

Date CU credits awarded _____

Total CU Credits awarded _____