



**Transfer of Credit to Delaware County Community College**

**REQUEST for RE-EVALUATION of TRANSCRIPT**

**Date:** \_\_\_\_\_ **Student ID:** P00 \_\_\_\_\_

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**College or University previously attended:** list all colleges or universities that apply

\_\_\_\_\_

**Was an official transcript sent to DCCC within the last five years?**

\_\_\_\_\_ YES      \_\_\_\_\_ NO

If NO, send an official transcript to the Records Office, 901 S. Media Line Rd., Media, Pa 19063  
or records @dccc.edu

**Reason for re-evaluation:** Check all that apply.

\_\_\_\_\_ Change of major (current students must complete a change of major form)

\_\_\_\_\_ Returning student with new major indicated on readmit application

\_\_\_\_\_ Other:

**Explain:** \_\_\_\_\_

Return form to **Assessment Services**, room 4260 Academic Bldg., 901 S. Media Line Rd., Media  
PA 19063, FAX: 610-359-5085, or email: assess@dccc.edu