



# PLACEMENT RECIPROCITY REQUEST FORM

The purpose of this form is to request equivalent placement into pre-college and college-level courses based on your placement at another **Washington Community or Technical College**. The following conditions must be met for the placement assessment to be considered:

1. Placement recommendation must have been made within the last 12 months.
2. If credit was granted for a course, placement will be based only if an **official\* transcript** is provided.
3. Student will request official test scores (specific placement recommendation), from the sending institution be **faxed, mailed, or emailed** to the address below: (NOTE: Test score document must include the institution's name, phone number, and official test name).

Assessment Center  
 2600 N 20<sup>th</sup> Ave., MS-H7  
 Pasco, WA 99301  
 Phone: 509-547-0511 / FAX: 509-544-2037 / Email: testingcenter@columbiabasin.edu

4. Signed Placement Reciprocity Request Form must be attached to scores from the sending institution.
5. Allow a minimum of five business days from the date of receipt for processing. You will be notified by email.

Keep in mind that each college sets its course placement scores based on the student success data. If there is a large discrepancy between the other college's score and CBC's, you will be required to meet with a counselor.

\*"Official" means the sending institution's seal is stamped on the document. The document includes the institution's contact name and phone number. It is placed in a transcript appropriate envelope, sealed by the institution and only opened by the receiving institution (CBC Records Department).

## STUDENT COMPLETE THIS SECTION

(Check all that apply)     English Placement     Reading Placement     Math Placement

\_\_\_\_\_  
Student Name (print clearly First, Last, MI)

\_\_\_\_\_  
CBC Student ID Number

\_\_\_\_\_  
Student Email Address (print clearly)

\_\_\_\_\_  
Cell Phone Number (primary contact)

\_\_\_\_\_  
Name of Sending Institution

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## OFFICE USE ONLY (Staff Initial and Date)

1. \_\_\_\_\_  
Packet Received

2. \_\_\_\_\_  
Processed/Entered in HP

3. \_\_\_\_\_  
Student Contacted

English \_\_\_\_\_

Reading \_\_\_\_\_

Math \_\_\_\_\_