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 20th 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. ______________________  2. ______________________  3. ______________________
Packet Received  Processed/Entered in HP  Student Contacted

English ___________  Reading ___________  Math ___________