



# Transcript Request Form

## Registrar's Office

447 College Drive • Sylva, North Carolina 28779 • (828) 586-4091 • (800) 447-4091 • Fax (828) 631-3381 • [www.southwesterncc.edu](http://www.southwesterncc.edu)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle) (Last name, if different, while attending SCC)

Telephone: (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (Home) (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ (Work)

If you attended before 1985, you must provide dates of attendance: \_\_\_\_\_ | \_\_\_\_\_ until \_\_\_\_\_ | \_\_\_\_\_  
Month Year Month Year

*Records dating before 1985 may require up to 15 business days to process*

Please send records pertaining to (check all that apply) to the person(s) or institution(s) listed below:

Curriculum transcripts  Other \_\_\_\_\_

*Continuing Education, GED, and Adult High School records must be obtained from the Continuing Education office at ext. 426.*

I would like my transcript(s) sent:  Now  End of term

***The Registrar's Office DOES NOT forward transcripts received from other institutions.***

### SEND TRANSCRIPT(S) TO

**INSTITUTION/INDIVIDUAL**  
*Complete mailing address required.*

**STUDENT**

*Complete only if you wish to have a copy mailed to you.*

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***Official transcripts will not be released for students who are indebted to the college.***

### SIGNATURE REQUIRED

Signature \_\_\_\_\_

Date \_\_\_\_\_

***The Registrar's Office will make every effort to comply with your transcript request within seven business days after it is received.***

### DO NOT WRITE BELOW THIS LINE

Indebted:  
 Yes  No

Issued to student \_\_\_\_\_  
Date sent \_\_\_\_\_  
Sent by \_\_\_\_\_

# SOUTHWESTERN COMMUNITY COLLEGE

447 College Drive • Sylva, NC 28779  
828.586.091 • 800.447.4091 • Fax 828.586.3129  
www.southwesterncc.edu

For office use:  
Last term of application \_\_\_\_\_  
New advisor: \_\_\_\_\_  
Program changes: \_\_\_\_\_  
Date entered: \_\_\_\_\_ By: \_\_\_\_\_

## YOU MUST COMPLETE A NEW APPLICATION IF:

- A. Any personal data has changed.
- B. You have not been enrolled for two or more semesters.
- C. If you are a dual/huskins recent high school graduate.

## PLEASE PRINT ALL INFORMATION

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

## PLEASE INDICATE YOUR PLANS: (only one option needs to be selected)

### A. Change my program of study

Please withdraw me from: \_\_\_\_\_

I am now applying for: \_\_\_\_\_ (Degree, Diploma or Certificate)  
circle one

I want this change to be effective for: Spring 20\_\_\_\_  
Summer 20\_\_\_\_  
Fall 20\_\_\_\_

### B. I am already being considered for a health program. Please add the following program(s) to my selection:

\_\_\_\_\_

C. Add a second program of study: \_\_\_\_\_ (Degree, Diploma or Certificate)  
circle one

D. I plan to re-enroll in the following program : \_\_\_\_\_ (Degree, Diploma or Certificate)  
circle one

## REASON FOR CHANGE:

- |  |   |
|--|---|
| <input type="checkbox"/> Course work too difficult     | <input type="checkbox"/> Poor grades (low GPA)                        |
| <input type="checkbox"/> Dissatisfied with instructors | <input type="checkbox"/> Scheduled for too many courses               |
| <input type="checkbox"/> Career goals changed          | <input type="checkbox"/> Program did not fit my career goals          |
| <input type="checkbox"/> Dissatisfied with advisor     | <input type="checkbox"/> Program/courses did not meet my expectations |
| <input type="checkbox"/> Other (please specify) _____  |   |

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## CHANGE OF NAME ADDRESS NOTIFICATION

\*\* Documentation is required for **all** name changes. \*\*

SOCIAL SECURITY #: \_\_\_\_\_

PREVIOUS NAME: \_\_\_\_\_

NEW NAME (IF APPLICABLE): \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

BUSINESS NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_