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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** \_\_\_\_\_