RETROACTIVE LANGUAGE CREDIT REQUEST FORM

Madison Area Technical College

PLEASE PRINT CLEARLY

Student ID#____________________________________

Last Name____________________________________  First Name________________________

Language course you are taking/have taken to establish retroactive credit_________________
(e.g. French 2, Spanish 5)

Last level of this language completed in high school (circle one)      1        2        3        4       5

Email Address_________________________________  Phone #__________________________

Student Signature_________________________________________   Date__________________

Return to:

Student Development Center
Madison Area Technical College – Truax, Room 159AA
1701 Wright Street
Madison, WI   53704
Email: advising@madisoncollege.edu
FAX:  608-243-4274