

The Graduate School

102 W. Rosedale Avenue, West Chester, PA 19383 Ph: 610-436-2943 Fx: 610-436-2763 E: gradschool@wcupa.edu www.wcupa.edu/grad

REQUEST FOR TRANSFER OF GRADUATE CREDIT

Student Name		
Last	First	
WCU I.D. #	E-mail	
Credits to be transferred from		
Course(s) Abv/num		
Course Title(s)		
Year(s) Taken		
Credits		
NOTE: The course(s) for transfer must be graduate level and of the maximum number of credits that may be transferr completion of the student's degree program, rounded to	ed shall not exceed	d 30% of the total required for
When the course(s) is(are) completed and graded, and better, must be submitted to The Graduate School before posted. Paper transcripts can be mailed to The Gradua 19383 and electronic transcripts can be sent to gradsc	ore any final transfe te School, 102 W. F	er of credit will be approved and
TRANSCRIPT : should be on file with the Gradu	ate School wa	as ordered on (date)
COURSE CATALOG DESCRIPTION or SYLLABUS:	is attached	was emailed to gradschool@wcupa.edu
Transfer of credit will not be processed unless both the		
Required Course(s) Or Specify WCU cour		
Elective Credits Specify WCU course	numbers	
Transfer Recommended by:		Doto
Department Chair or Gradua		Date
Transfer Approved by:		 Date
This form can be submitted from your WCII email address		

This form can be submitted from your WCU email address to gradschool@wcupa.edu or dropped off at McKelvie Hall (102 W Rosedale Ave, West Chester, PA 19383).