

TRANSFER OF GRADUATE CREDIT (save and submit to gradstudy@wcupa.edu)

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: An Official Graduate Transcript i Office of Graduate Studies befor syllabus must also be submitted the total required for completio increment. The courses for trans	re any transfer of credit w I. The maximum number o n of the student's degree	ill be approved. A course cat of credits that may be transfe program, rounded to the new	alog description or erred shall not exceed 30% of xt highest three-credit
TRANSCRIPT: should be	on file in Graduate Studie	s Office was ordered o	on (date)
COURSE CATALOG DESCRIPTION	N : is attached	was emailed to grac	dstudy@wcupa.edu
Transfer of credit will not be pro	ocessed unless both the of	ficial transcript and course d	escription are received. *******
Required Course(s)			
	Or Specify W.C.U. cou	rse numbers	
Elective Credits			
	Specify W.C.U. course	numbers	
Transfer Recommended by:			
	Department Chair or C	Graduate Coordinator	Date
Transfer Approved by:			
	Dean of Graduate Stud	dies	Date