Wheaton College Graduate School

REQUEST TO TRANSFER CREDITS FOR GRADUATE PROGRAMS

NAME:						
CPO:	LOCAL PHONE:					
DEPARTMENT:						
Transfer Course(s) tak	ken at:		Name of Grad	uate School		
Course(s) requesting t	ransfer to Whe	eaton Graduate		date concor		
Department	Course#	Grade	Credit Hours	Semester/Quarter	Term Taken	
Student Signature:			Date	e:		
ADVISER AND DEPA	RTMENT APP	ROVAL				
Transfer Course	Hours	Wheaton Course Equivalent or Elective		r Elective Tra	ansfer Credit Semester Hrs.	
Adviser's Signature: _			Date:			
Dept. Chair Approval _		Date:				
REGISTRAR'S OFFIC	CE ACTION					
Semester hours have above:		your Wheaton t	transcript for electiv	ve credit or Wheaton o	course equivalent as noted	
Registrar's Office Rep Date:	resentative:					

Directions:

To request graduate courses to transfer to Wheaton Graduate School, please complete the above information. Minimum grade for transfer is B-. Courses which apply to an awarded M.A. are not eligible for transfer. Up to 25% of an M.A. program can be transfer hours. *3 quarter hours = 2 semester hours (quarter hours x.66)