Wheaton College Graduate School
Doctor of Psychology

REQUEST TO TRANSFER CREDITS
(Psychology Courses Only)

NAME____ DATE__________________

STUDENT NUMBER___________ DEPARTMENT___________________________

CPO BOX__________ LOCAL PHONE NUMBER____________________________

I would like to transfer the following courses to Wheaton College to be used toward my requirements for the Doctor of Psychology degree. **Provided on a separate sheet attached to this form** is the following information: grouped by where course was taken, the list of course(s), including name & number of course(s), grade(s), number of credits for each course, and term course(s) taken, if semester or quarter hours. **If a course meets a Wheaton Psy. D. requirement, specify which Wheaton course by number; otherwise it transfers as an elective. Attach a syllabus for each course.**
NOTE: The total maximum number of transfer credits is 30 (except for Wheaton M.A. in Clin. Psych. - 36) including a maximum of 14 theology transfer credits.

Student's Signature____
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ADVISOR AND DEPARTMENT APPROVAL For Administrative Use Only

Accept for transfer credit:

TRANSFER COURSE(S)			WHEATON PSY.D COURSE(S)	
From Inst	Number	Crdts	Number	Crdts
______	________	___	________	___
______	________	___	________	___
______	________	___	________	___
______	________	___	________	___
______	________	___	________	___
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______	________	___	________	___
______	________	___	________	___
______	________	___	________	___

Refuse for transfer credit:

Advisor's signature:____________________________
Academic and Admissions Chair's Signature____________________________________

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REGISTRAR'S OFFICE ACTION
The following course(s) and credit(s) have been added to your Wheaton College transcript:

Signature____ Date_________________

5/01