3/01

Wheaton College Graduate School
Doctor of Psychology

REQUEST TO TRANSFER CREDITS
(Theology 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, term course(s) taken, if semester or quarter hours, **and, if course meets a Wheaton Psy. D. requirement, specify which course by number; otherwise clinical elective.**
NOTE: The total maximum number of transfer credits is 30 (except for Wheaton M.A. in Clin. Psych. - 36) iincluding 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)			BITH COURSE(S)/CATEGORY	
From Inst	Number	Crdts	Number	Crdts
______	_______	___	Bith 561(2)	___
______	_______	___	CFM 538(2)	___
______	_______	___	Bith 622(2)	___
______	_______	___	Bith 623(2)	___
______	_______	___	Bith 624(2)	___
______	_______	___	Hist. Theo(4)	___
______	_______	___	Sys. Theo(4)	___
______	_______	___	Bib. Theo(4)	___
______	_______	___	_______	___
______	_______	___	_______	___

Refuse for transfer credit:

Advisor's signature:___________________________
Theology 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________________