



REQUEST FOR APPROVAL OF GRADUATE TRANSFER CREDIT

SUBMIT THIS FORM TO REGISTRAR@WHEATON.EDU

Name: _____ Student ID #: _____ Catalog Year: _____

Program & Level (Master/Doctoral/Cert): _____ Anticipated Grad Date: Month (May/Aug/Dec): _____ Year: _____

Institution Credits Are From (one form per school): _____ State or Country: _____

Terms of Attendance (e.g., FA24-SU25): _____ Is the above college on semester or quarter academic year? _____

- Courses with a grade below "B-" are not transferrable.
- Experiences such as internships or practica are not transferrable.
- Number of credits transferred in must not exceed 25% of total program credits.
- See the Wheaton College Catalog for the full transfer credit policy.

The student is responsible for ensuring an official transcript reflecting completed coursework is sent to Wheaton College (IL) Registrar's Office.

Course Information From Transferring Institution					Wheaton College Course Information	Internal Use Only	
Subject	Course #	Title	Grade	Credit Hours	How do you plan to use these credits? (Specific course number or area of curriculum)	Program/RO Recommendation	Equiv. Hours
Total number of credits requested for transfer					Total number of credits approved for transfer		

Student's Signature _____ Date _____ Program Advisor or Dept. Chair Signature _____ BTS Dept. Chair (only if transferring BITH credits into non-BITH program)

Registrar's Office Use Only:

RO Signature: _____ Date: _____ Notes: _____