Petition for Transfer of Credit

Name ____________________________________________ SIS ID Number ______________________

Email __________________________________________ Phone ______________________________

I hereby recommend that the student above be allowed to transfer units from _______________________________ (Institution)

as indicated below toward the Master’s Degree (circle one): MA MS ME MEM MFA MPH MSA

_________________________________________________________ (Department/Program)

Doctoral students should contact SGS to inquire about transfer credit.

In order to transfer credit, the indicated course:

1. Must be graduate level.
2. Must have a grade of ‘B’ or higher.
3. Must be in excess of requirements for prior degree awarded.
4. Must have been completed prior to matriculation at CWRU.
5. Must have been completed no more than five years prior to matriculation at CWRU.

In addition:

1. An official transcript must accompany the request for transfer of credit.
2. No more than six hours of transfer credit are permitted.

Please Note: Transfer credit does not count toward the required amount of graded coursework for graduation purposes.


<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Title</th>
<th>Units</th>
<th>Case Equiv. Course Code</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXMP 555</td>
<td>Example Title of Transferred Course</td>
<td>3</td>
<td>EECS 452</td>
<td>3</td>
</tr>
</tbody>
</table>

One quarter hour of credit is equivalent to two thirds of a semester unit of credit.

Signatures

Student __________________________________________ Date ________________

Faculty Advisor __________________________________________ Date ________________

Department Chair _________________________________________ Date ________________

School of Graduate Studies _________________________________ Date ________________