Transfer of Credit

Name __________________________  SIS ID Number __________________________

CWRU Email __________________________  Expected Graduation Date __________________________

Department/Program: __________________________

PLEASE NOTE: This form is only to be used to transfer credit from an outside institution. Those students looking to transfer credit from a CWRU nondegree record should contact the School of Graduate Studies. Doctoral Students should not use this form but should instead contact SGS to inquire about transfer credit.

I hereby request to be allowed to transfer units from __________________________ (Institution)

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 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>

Signatures
Student __________________________  Date __________

Faculty Advisor __________________________  Date __________

Department Chair/Program Director __________________________  Date __________

For Graduate Studies Use Only

Approved □ Yes □ No  Initials ________  Date ________  Email Sent □