



Transfer of Credit

Name _____ SIS ID Number _____

CWRU Email _____ Expected Graduation Date _____

Department/Program: _____

PLEASE NOTE: This form is only to be used by Master's students to transfer credit from an outside institution. Those students looking to transfer credit from a CWRU nondegree record should contact 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.

Course #	Course Title	Units	Case Equiv. Course Code	Units
EXMP 555	Example Title of Transferred Course	3	XMPL 452	3

Signatures

Student _____ Date _____

Faculty Advisor _____ Date _____

Department Chair/Program Director _____ Date _____

For Graduate Studies Use Only		
Date Processed _____	Initials _____	Email Sent <input type="checkbox"/>