



### REQUEST FOR TRANSFER CREDIT EVALUATION

Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

CWRU Email: \_\_\_\_\_ Entry Term: \_\_\_\_\_

Enrollment Status:  Applicant/Admitted Student  Current Student

Degree Program:  MSW  MNO  MSW/MNO

Program format:  On-Campus  Intensive Weekend  Online  Part Time

Transfer Institution: \_\_\_\_\_

Are you presently enrolled?  Social Work  Other MNO Program  
 Other Graduate Program

Please provide the following information for each course for which transfer credit is requested:

Term/Year Course Taken	Course Number	Course Title	Credit Hours	Grade

Credit System:  Semesters  Quarters\*

*I request that credit for graduate level courses described above be accepted for transfer to my Master's Degree program at the Mandel School.*

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

\*Courses submitted for transfer credit formatted in quarter hours will be converted to semester hours.

**FOR OFFICE USE ONLY**

**The courses listed in the chart below have been approved for transfer credit:**

Course	MSW/MNO Course Equivalent	Credit Hour(s)	Required (R) Or Elective (E)
<b>TOTAL TRANSFER HOURS CREDITED:</b>			

**The courses listed below have not been approved for transfer credit:**

Course Number	Course Title	Reason

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc:  Mandel School Registrar

Student File

Student