WILKES UNIVERSITY

Currently Enrolled Undergraduate Student-Request for Transfer of Credits from an External Institution NOTE - This form must be completed <u>PRIOR</u> to the student's enrollment in courses proposed.

Name:			Major:	
Home Address:			WIN (Wilkes ID #)	
			Faculty Advisor:	
			_ Anticipated Date of Graduation from W	
Signature Date		ite		
	e following c		Name of Institution the,,	
Location of Institution			Fall/Spring/Summer Yea	r
COURSE PREFIX NO. and TITLE	CREDITS	COURSE	DEPARTMENT CHAIRPERSON'S SIGNATURE	WILKES EQUIVALENT
Total Credits Requested for Transfi Reason for Above Request:			Study Abroad () Yes () No If	yes, see #3 below.
Registrar's Office, 84 West South S	t., Wilkes-Ba	rre, PA 187	inscript sent directly from the external instit 166 at the conclusion of the course(s). Transfer credit does not affect	
PROCESSING STEPS FOR REQUEST	:			
	hat the cred	lit proposed	dvisor's absence, the chairperson of the dep I for transfer can be used in fulfillment of co	
Up to credits are applicab	le to the stu	dent's prog	ram.	
Signature			() Advisor () Major Department Date	: Chairperson
2. The Registrar affirms that the co Wilkes, and that the request comp			lkes, is analogous in terms of a course or fie regulations.	ld of study offered at
Registrar		Date	Request is () Approved () Der	nied
3. If credits are to be earned at an	institution o	outside the	USA, approval of the Study Abroad advisor is	s required.
Study Abroad Advisor Signature			Date	 e
Reason for Denial				

CC: Student, Student File, Academic Advisor