

Date: _____

Program of Study: _____

Concentration (if applicable): _____



Permission to Transfer Graduate Credits

This form is to be used for transfer of graduate credits that were completed prior to acceptance into a Wilkes University Masters Degree Program.

Permission to transfer credits from _____
Name of Accredited College/University

has been granted to _____ Student ID/WIN No. _____
Student Name

Home Address _____

The graduate credits will transfer into the Wilkes graduate program as:

<u>Course No./Course Name</u>	<u>Wilkes Equivalent</u> Course # / Course Title	<u>Credit</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Approved by Program Director or Designee _____ Date _____

COPY OF TRANSCRIPT ENCLOSED.

NOTE: Official transcript must be on file at Wilkes before transfer credits can be posted to transcript.

Date received at Registrar's Office _____

Approved by Registrar, Recorder _____ Date _____