



Pre-Approval Request for Transfer of Graduate Credits from an accredited University/College

Name: _____ *Program of Study:* _____

Student ID / WIN No. _____ Concentration (if applicable) _____

Home Address _____

Permission is requested **to take** the following course (s) _____

Name of Accredited College/University (*official transcript*)

at _____ during the period of _____

Name (*if different*) and Location

(Inclusive Dates of Study and Year)

I request permission to take the following course(s) at the aforementioned institution during the period stated above. I understand that I must earn a grade of B or better for the course(s) to be transferred and that it is my responsibility to insure that an official transcript of the course(s) is received in the Wilkes Graduate Studies Office upon completion of the course(s).

<u>Course Number</u>	<u>Name of Course</u>	<u>Wilkes Equivalent</u> (Course No. & Course Title)	<u>Hours</u>	<u>Credit</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Catalog description of course/courses: _____

The reasons for the above request are: (The applicant will list a reason or reasons for requesting courses to be completed at another institution. Please be specific.)

I further certify that in the past I have transferred the following credit hours to Wilkes from other institutions. (If none, write "None.")

Signature of Student

Date

Approved by Program Director or Designee (Signature) _____ Date _____

Approved by Registrar/Recorder (Signature) _____ Date _____

Date transcript received _____