**WILKES UNIVERSITY**

# Currently Enrolled Undergraduate Student-Request for Transfer of Credits from an External Institution

**NOTE - This form must be completed PRIOR to the student’s enrollment in courses proposed.**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WIN (Wilkes ID #) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Date of Graduation from Wilkes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Permission is requested to take the following course(s) at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Institution**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_during the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_ semester/session.

**Location of Institution**  **Fall/Spring/Summer** **Year**

|  |  |  |  |
| --- | --- | --- | --- |
| **COURSE PREFIX NO. and TITLE** | **CREDITS** | **COURSE DEPARTMENT CHAIRPERSON’S SIGNATURE** | **WILKES EQUIVALENT** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total Credits Requested for Transfer to Wilkes:\_\_\_\_\_\_\_\_\_\_\_\_. Study Abroad ( ) Yes ( ) No If yes, see #3 below.

Reason for Above Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTES:

It is the responsibility of the student to have an **official** transcript sent directly from the external institution to Wilkes University, Registrar’s Office, 84 West South St., Wilkes-Barre, PA 18766 at the conclusion of the course(s).

**Only external credits with a grade of “C”/2.0 or higher are accepted**. Transfer credit does not affect a student’s Wilkes GPA.

**PROCESSING STEPS FOR REQUEST:**

1. In all cases, the student’s academic advisor, or in the advisor’s absence, the chairperson of the department which includes the student’s major is asked to affirm that the credit proposed for transfer can be used in fulfillment of core or major or minor or elective components of the student’s degree program.

Up to \_\_\_\_\_\_\_ credits are applicable to the student’s program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) Advisor ( ) Major Department Chairperson

Signature Date

2. The Registrar affirms that the credit is acceptable at Wilkes, is analogous in terms of a course or field of study offered at Wilkes, and that the request complies with credit transfer regulations.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Request is ( ) Approved ( ) Denied

Registrar Date

3. If credits are to be earned at an institution outside the USA, approval of the Study Abroad advisor is required.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Abroad Advisor Signature Date

Reason for Denial\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CC: Student, Student File, Academic Advisor