**WEST VIRGINIA WESLEYAN COLLEGE**

**GRADUATE STUDIES COORDINATOR**

**59 COLLEGE AVENUE**

**BUCKHANNON, WV 26201**

**304 473-8235**

**GRADUATE TRANSFER OF CREDIT EVALUATION FORM**

*Complete this Graduate Transfer Credit Evaluation Form in* ***full*** *and* ***attach*** *all related college transcripts and syllabi that include course descriptions. If all official transcripts were included with your Graduate Program application, an unofficial copy of the transcript(s) that relate to any requested transfer credits may be attached to this form. Return all materials to the office at address above.*

**Student Name: EMAIL:**

**Student Address:**

**Student phone numbers:**

**WVWC Student Number (Datatel):**

**GRADUATE PROGRAM:**

**I request that the following course(s) be applied to my graduate program and have read and understood all graduate transfer policies that apply to my graduate program:**

Institution:

Course Title, Number:

# of Credits: Grade received: Semester and year:

WVWC Title and Course # for which you believe this course will substitute:

**\_\_\_** Transcript showing course above attached **\_\_\_** Syllabus for course above attached

Institution:

Course Title, Number:

# of Credits: Grade received: Semester and year:

WVWC Title and Course # for which you believe this course will substitute:

**\_\_\_** Transcript showing course above attached **\_\_\_** Syllabus for course above attached

Institution:

Course Title, Number:

# of Credits: Grade received: Semester and year:

WVWC Title and Course # for which you believe this course will substitute:

**\_\_\_** Transcript showing course above attached **\_\_\_** Syllabus for course above attached

**Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPROVALS:**

**Program Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

**Dean of the College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

**Registrar: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No \_\_\_\_\_\_**

**RECORDED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**