

# EECS Graduate Program: Transfer Course Request

## **For Completion by Student:**

Name: \_\_\_\_\_ ID #: \_\_\_\_\_

Requested Course:

Institution:	
Course Subject/Number:	
Course Title:	
Number of Credits:	
Grade:	
Date of Completion:	

WSU Equivalency:

Course Subject/Number:	
Course Title:	
Number of Credits:	
Current Instructor:	

## **For Completion by Advisor:**

Rationale for Transfer:

Suggested Faculty Reviewer: \_\_\_\_\_

## **For Completion by GSC:**

Assigned Faculty Member for Review: \_\_\_\_\_

## **For Completion by Faculty Reviewer:**

Please select one:

- I approve the transfer of this course as requested.
- I approve the transfer of this course for a decreased number of credits: \_\_\_\_\_ Credits.
- I approve the transfer of this course as a different graduate-level course than requested.
- deny the request to transfer this course.

Comments:

Reviewer Signature: \_\_\_\_\_