

Transfer Course Request Form

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.

I deny the request to transfer this course.

Comments:

Faculty Reviewer Signature