

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:** _____