



# Transfer/Transient Credit Approval

## West Virginia Wesleyan College

Office of the Registrar  
 59 College Avenue Buckhannon, WV 26201  
 Phone: 304.473.8046 Fax: 304.473.8531 Risinger.t@wvwc.edu

- Instructions for Students:
1. Complete all student information below.
  2. Review policies regarding transfer of credit and sign.
  3. Provide the transfer institution's name, email and/or FAX number, and course descriptions.  
 You may attach the descriptions to this form or send them by email to jones\_s@wvwc.edu.

*All information specified above must be provided or your request will not be processed.*

<b>STUDENT NAME</b>		<b>STUDENT ID #</b>	
<b>STUDENT TELEPHONE</b>		<b>STUDENT MAJOR</b>	

**Policies regarding transfer of credit:**

1. Grade and quality points earned at another institution will not eliminate a deficit that may exist on work completed at WVWC.
2. If repeating a course that was taken at WVWC with a grade of C- or below, both grades will factor into the GPA (but earned hours will count only once).
3. At least 24 of the final 30 hours required for degree completion must be taken in residence at WVWC.
4. The other institution may require a statement of good standing and/or a transcript from WVWC ; it is the student's responsibility to check on this.
5. No credit will be recorded until an official transcript is received by WVWC's Office of the Registrar. We accept both hard and electronic copies.

***I have read the policies and have been given the opportunity to ask for clarification.  
 I understand that it is my responsibility to request an official transcript sent to  
 "WVWC Office of the Registrar" when all work has been completed.***

Student Signature \_\_\_\_\_

TRANSFER INSTITUTION NAME AND EMAIL or FAX NUMBER	ENROLLMENT PERIOD			
	Term:		Year:	

*The above-named student is a degree-seeking candidate at West Virginia Wesleyan College. They have permission to enroll in the course(s) listed below that have an "Approved" status and to transfer these credits & grades back to WVWC. We appreciate you permitting the student to enroll under this authorization.*

*(complete first three boxes for each course; do not write in last two boxes)*

*WVWC Registrar Use Only*

Dept. & Course #	Course Name	Sem. Hrs.	WVWC Dept. & Course #	Status

NOTES FROM WVWC REGISTRAR'S OFFICE:

Course description provided and reviewed via:  email  attachment

Date Approved \_\_\_\_\_ Taylor Risinger, Credentials Analyst/Assistant Registrar

- Copy faxed/emailed to receiving institution
- Copy scanned/emailed to student