



Petition for Transfer of Credit

Name _____ SIS ID Number _____

Email _____ Phone _____

I hereby recommend that the student above be allowed to transfer units from _____ (Institution)

as indicated below toward the Master's Degree (circle one): MA MS ME MEM MFA MPH MSA _____ (Department/Program)

Doctoral students should contact SGS to inquire about transfer credit.

In order to transfer credit, the indicated course:

1. Must be graduate level.
2. Must have a grade of 'B' or higher.
3. Must be in excess of requirements for prior degree awarded.
4. Must have been completed no more than five years prior to matriculation at CWRU.

In addition:

1. An official transcript must accompany the request for transfer of credit.
2. No more than six hours of transfer credit are permitted.

Please Note: Transfer credit **does not** count toward the required amount of graded coursework for graduation purposes.

Course #	Course Title	Units	Case Equiv. Course Code	Units
EXMP 555	Example Title of Transferred Course	3	EECS 452	3

One quarter hour of credit is equivalent to two thirds of a semester unit of credit.

Signatures

Student _____ Date _____

Faculty Advisor _____ Date _____

Department Chair _____ Date _____

School of Graduate Studies _____ Date _____