

Request for Credit Transfer



Washington University of Virginia

Name _____ <small>Last Family Name</small>	_____ <small>First Given Name</small>	<input type="checkbox"/> Male <input type="checkbox"/> Female
DOB (mm/dd/yy) _____	Year of Admission _____	<input type="checkbox"/> Spring <input type="checkbox"/> Spring-Flex <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Fall-Flex <input type="checkbox"/> Winter
<input type="checkbox"/> Degree Program	<input type="checkbox"/> Non-Degree Program	
<input type="checkbox"/> Undergraduate _____	<input type="checkbox"/> Graduate _____	<input type="checkbox"/> Doctor _____
Student ID No. _____	Contact Phone Number _____	
E-mail Address _____		

I hereby request the following transfer credits to be transferred to the Washington University of Virginia.

Name of School(s) from which you wish to transfer credits: _____

Major: _____

Requirements: (Official) Transcript(s) (in English)

Approval

Applicant: _____ Date: _____
Signature

Registrar: _____ Date: _____
Signature

Director of Department: _____ Date: _____
Signature

Students must apply for a credit transfer within their first semester at WUV.

Students have made a letter grade of 2.0 (C) or above for undergraduate courses and 2.5 (B-) or above for graduate courses.

Received by:

Date: