

Office of the Registrar

300 Washington Avenue • Chestertown, MD 21620 PHONE 410-778-7299 • FAX 410-810-7159

EMAIL registrar@washcoll.edu WEB registrar.washcoll.edu

TRANSFER CREDIT REQUEST FORM

Students may use this form to obtain departmental and faculty advisor's pre-approval for the transfer of college-level credits taken at a college or university other than Washington College. In general, WC only accepts transfer credits taken at a regionally accredited institution. Coursework must have been completed on a letter grade basis and will have earned a grade of at least "C-" to be eligible for transfer. Courses taken on a Pass/Fail basis or those that are older than seven years may be ineligible. The acceptance of transfer credit equivalency for online or hybrid courses is at the discretion of the department chair.

Instructions:

Date received:

- Review the course description and/or syllabus of the outside course(s) with your faculty advisor. If the outside
 institution requests a "letter of good standing" or proof that this coursework will transfer back to WC, complete and
 submit the Enrollment Verification Request Form to the Registrar's Office.
- 2. Complete the top half of this form, including the Washington College subject and catalog number to which the outside course will be equivalent. Leave the course number blank if unknown; the department chair can also fill this in.
- 3. After obtaining your faculty advisor's signature in the appropriate space, bring this form to the relevant department chair(s) for additional required signatures.
- 4. After completing the outside course, request that an <u>official transcript</u> of your studies be sent directly to the Registrar's Office at the address above. Upon receipt of this transcript, you and your faculty advisor will be notified of the successful transfer of these credits via email. **Courses not pre-approved may be ineligible for transfer.**

Last Name	First Name		MI	Washington College ID#	
					1 1
Degree Program / Major	Start Term at WC		Current C	t Class Year Date of Birth (mm/dd/yy)	
Email Address	Telephone N		Campus Box #		
			1		
Name and Location of Transferring Institution Semester and				r and Year o	of Course(s)
Course(s) to be Transferred	Washington College Equivalency				
External course number and full title	Credits WC co		ourse number S		ignature of Department Chair
Will any of the above listed courses be taken online or in a hybrid online format?					
in yes, place an asterisk flext to these courses i fillori to seeking approval from the department chair(s).					
Faculty Advisor Signature				Date	e
Student Signature				Date	е
FOR OFFICE USE ONLY					

□ Transcript Received

Completed: