



# Petition for Transfer of Credit

Name \_\_\_\_\_ 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  Doctoral degree

in the Department of \_\_\_\_\_

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 for a Master's degree student.

**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 \_\_\_\_\_

Dean of Graduate Studies \_\_\_\_\_ Date \_\_\_\_\_