

**TRANSFER OF CREDIT FORM**

**Student Name:** \_\_\_\_\_

**Degree Program:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Semester Units of Credit Awarded:** \_\_\_\_\_

**Degree Requirements Fulfilled:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Description of Review Process Used in Assessing Credit to be Transferred (i.e. transcripts reviewed, student papers written for classes and the previous institutions, and qualitative assessment of comparability of the previous academic work reviewed to the work required at WISR):**

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**Faculty members, and if applicable, other experts who reviewed the student's work:**

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