Case Western Reserve University
School of Graduate Studies

PETITION FOR TRANSFER OF CREDIT

Name:		ID Number:	
Address:		E-Mail:	
		Phone:	

I hereby recommend that the student above be allowed to transfer unit(s) from

_____ as indicated below toward the Master's/Doctoral
(Institution) (circle one)

degree in the Department of _____

CRITERIA FOR TRANSFER OF CREDIT:

1. Must be Graduate level courses.
2. Must be a grade of "B" or higher.
3. Course 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.
5. Official transcript must accompany request for transfer of credit.
6. No more than 6 hours of transfer credit are permitted for a Master's degree student.

Course #	COURSE TITLE	UNITS	CASE EQUIV. COURSE CODE	UNITS
EXMP 555	**EXAMPLE TITLE**	**3**	**EECS 452**	**3**

PLEASE NOTE, ONE QUARTER HOUR OF CREDIT IS EQUIVALENT TO TWO-THIRDS OF A SEMESTER UNIT OF CREDIT.

Student: _____ Date: _____

Faculty Adviser: _____ Date: _____

Department Chair: _____ Date: _____

Dean of Graduate Studies: _____ Date: _____

Rev. 06/08