

Graduate Transfer Credit Approval Form

Western Illinois University
School of Graduate Studies

Form will not be processed without signatures and rationale.

Date:

Name:

WIU ID No:

Graduate program:

List the institution where credit was earned, course number and title, number of credits earned, grade and WIU equivalency.

Student's signature: _____

Students: Do Not Write Below This Line

Give full reason(s) for department/program recommendation.

Recommendation

Signatures:

Graduate/Advisor : Approve Deny

Signature: _____ Date: _____

Department Chair Approve Deny

Signature: _____ Date: _____



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School of Graduate Studies

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Graduate School: Approve Deny

Note (if any): _____

Signature/date: _____