



WESTMINSTER
THEOLOGICAL
SEMINARY

TRANSFER OF CREDIT REQUEST FORM
(Please use one sheet per institution)

Registrar Office Use Only:
Form rec'd: _____
Official Transcr. rec'd: _____
Course Descript. rec'd: _____
Processed date: _____ Init.: _____

Student Name: _____ Student Id #: _____ WTS Program: _____ Emph: _____

FROM Institution: _____

With hours: Semester or Quarter (circle one)

I pledge that I have:

- 1) reviewed the transfer credit policy
- 2) reviewed the catalog's description of programs and courses to compare work done at the other institution with Westminster's requirements
- 3) consulted with the Admissions Office regarding any question related to #1 and #2 above

Student Signature: _____ Date: _____

Transferred Course(s)					FOR	Westminster Course(s)			Approval	
Course#	Course Title/ Professor	Hours	Grade	Semester/ YR		WTS Course#	WTS Title	WTS Hours	Dept. Appr.	Date Appr.
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Submit completed form to the Registrar's Office with: **A) Official Transcript** (in unopened, sealed envelope)
B) Catalog description of each course to be transferred

THE REGISTRAR'S OFFICE WILL NOT PROCESS THIS FORM UNTIL STUDENT HAS SIGNED THE PLEDGE AND ALL DOCUMENTS ARE RECEIVED.