

WEBSTER UNIVERSITY

REQUEST FOR TRANSFER OF CREDITS/CORE COURSE SUBSTITUTION

Campus Location _____ Code _____

Student _____ Student No. _____
 Address _____ S.S.N. _____

Area of concentration _____
 Date of full acceptance _____

EDUCATIONAL INSTITUTION OR PROFESSIONAL MILITARY EDUCATION:

<u>School</u>	<u>Course No.(s) and Title(s)</u>	<u>Grade</u>	<u>Credit Hours Transcribed</u>	<u>Credit Hours Transferred</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL NUMBER OF CREDIT HOURS REQUESTED FOR TRANSFER _____

_____ Official Documentation is attached.
 _____ Official Documentation is on file at main campus

Signature of student _____ Date _____

Signature of director _____ Date _____

For Graduate Office use only:
 Number of hours approved _____

Administrator _____ Date _____

CORE COURSE SUBSTITUTIONS:

<u>Course To Be Substituted</u> (Number & Title)	<u>Webster University Course</u> (Number & Title)	<u>Approved</u>	<u>Disapproved</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Dean/Director _____