

Case Western Reserve University  
Office of Undergraduate Studies

**TRANSFER CREDIT APPROVAL FORM**

Name \_\_\_\_\_ SSN/ID \_\_\_\_\_

Local Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone (include area code) \_\_\_\_\_ Email \_\_\_\_\_

Major(s) \_\_\_\_\_ Minor(s) \_\_\_\_\_

I am requesting transfer credit for the following course(s) taken at

\_\_\_\_\_ located in \_\_\_\_\_  
(Name of College/University) (City/State)

or \_\_\_\_\_ .  
(Country if outside the United States)

This institution uses: \_\_\_\_\_ Semester Hour System  
 \_\_\_\_\_ Quarter Hour System  
 \_\_\_\_\_ Other

If other, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<i>To be completed by the student.</i>				<i>To be completed by Case Faculty Member.</i>	
<b>Course</b> (i.e. PSYCH 101)	<b>Title</b> (i.e. General Psychology)	<b>Hours</b>	<b>Web-Based?</b> (Yes/No)	<b>Equivalent Course at Case</b>	<b>Department Approval (Signature and Date)</b>
1.					
2.					
3.					
4.					
5.					

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

NOTE: Transfer credit is updated by October 15 for the fall semester and March 15 for the spring semester. If your request is not received by the earlier deadline, credit will be posted by the next deadline date.