



TRANSFER OF CREDIT REQUEST - SCHOOL OF GRADUATE STUDIES

Graduate Students seeking to transfer graduate level credits earned prior to MCW admission, including any earned at MCW, must submit a Transfer of Credit Request form with the School of Graduate Studies during their first semester of enrollment. If the credits were not earned in the MCW School of Graduate Studies, an official transcript of the coursework listed on the form must be sent from the transfer institution directly to MCW. Also, a copy of the syllabus from each of the transfer courses must be submitted with the Transfer of Credit Request form. The full Transfer Credit policy is located in the MCW School of Graduate Studies Student Handbook.

Section 1

Student Name: _____
(Last) (First) (Middle)

Program: _____

MCW Email Address: _____

MCW Start Term: _____

Requested Transfer Course and Credit Information:

Institution: _____

(Complete a separate form for each institution)

Course Number _____ Course Title _____ Credits _____ Grade _____ Term/Year _____

Course Number _____ Course Title _____ Credits _____ Grade _____ Term/Year _____

Course Number _____ Course Title _____ Credits _____ Grade _____ Term/Year _____

Course Number _____ Course Title _____ Credits _____ Grade _____ Term/Year _____

Student Signature: _____ **Date:** _____

Section 2 - Program Admissions Committee

For approved courses listed above, note the Medical College of Wisconsin course number it is equivalent to with the title and number of credits. If the course is used as an elective, note "elective" in the title field.

Transfer Course Number _____ MCW Course Number _____ Title _____ Credits _____

Transfer Course Number _____ MCW Course Number _____ Title _____ Credits _____

Transfer Course Number _____ MCW Course Number _____ Title _____ Credits _____

Transfer Course Number _____ MCW Course Number _____ Title _____ Credits _____

Program Director Signature: _____ **Date:** _____

ALL COMPLETED FORMS MUST BE RETURNED BY THE PROGRAM DIRECTOR TO:

Office of the Registrar, M3200, 8701 Watertown Plank Road, Milwaukee, WI 53226 • acadreg@mcw.edu /414-955-8733

Registrar Signature: _____ **Date:** _____