



Medical College of Wisconsin  
GRADUATE SCHOOL OF BIOMEDICAL SCIENCES

**TRANSFER OF CREDIT REQUEST**

Master's programs – maximum of 10 or 1/3 of the total graduate credits required for a program  
Doctoral programs – maximum of 20 graduate credits

**To Be Completed by Student**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

PROGRAM: \_\_\_\_\_

Degree Sought: MA MS PhD MPH (Circle One) Start Term: \_\_\_\_\_

Reason for Request:  
Transfer course(s) taken at \_\_\_\_\_  
(Complete separate form for each institution)

COURSE NUMBER	COURSE TITLE	DATE TAKEN	# OF CREDITS	GRADE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Required Documents: Student must have the transfer credit institution submit official transcripts to the Graduate School. Transcripts issued to students are not acceptable.

A syllabus from each transfer credit course must be submitted with information on textbooks and other materials used in the course.

**To Be Completed By the 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.

<u>Transfer course #</u>	<u>MCW course #</u>	<u>Title</u>	<u>Credit</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROGRAM DIRECTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_