

REQUEST FOR APPROVAL OF TRANSFER CREDIT

Student Name: _____ WID: _____ Advisor(s): _____ Today's Date: _____

Major(s): _____ Undeclared? Anticipated Whitman Graduation Date: _____

College/University to Attend: _____ Location (state & city): _____ Dates to attend (m/yy-m/yy): _____

Term in which to attend: _____ Taking Courses: While on Leave While taking Whitman classes Type of term:* Quarter Semester
 Fall Spring Type of courses: On Campus Online
 Summer Other: _____

***Note on Term Types & Credits Awarded:** 1 quarter-system credit is equal to 2/3 of a semester credit. For example: a 5-credit quarter course may transfer for 3-credit semester credits, and a 4-credit quarter course for 2 semester credits. Whitman does not accept partial credit.

Course Information			Desired Outcome	Registrar's Office	
Dept & Course #:	Course Title:	Number of Credits Awarded at Transfer College*	Major/Minor Credit, Course Equivalency, Distribution, or General Degree Credit	Approved	Not Transferable
ex: HUM 205	ex: Religion, Violence, and Peace: Patterns Across Time and Tradition		ex: MATH-125, lower-level Politics, Art Elective, CP (Cultural Pluralism), HU (Humanities), FI (Fine Arts), SO (Social Sciences), QU (Quantitative Analysis), SC (Science), SCL (Science with a Lab), etc.		

CREDIT LIMITS: No more than 1/3 of required Major credits and 2/5 of Minor credits may be earned through transfer credit, however some departments set more restrictive limits. See each department's section of the [Whitman College Catalog](#) for details. Other transfer credit limits: 70 overall; 62 from 2-year institutions.

Advisor Signature _____ Date _____ Dept. Chair Signature _____ Date _____
Approving Transfer Credit/Courses as Specified Above (Required) Approving Transfer Credit/Courses as Specified Above (Required for Minor Credit)

Before completing this form, please also review the material available through the [Transfer Credit Information](#) link on the Registrar's Office website. Your signature on this form indicates you have read and understand the rules and guidelines pertaining to transferring coursework to Whitman College. Please contact the Registrar's Office if you have any questions or concerns.

By signing below I indicated I have read and understood the above box Student Signature: _____
(Required)

Upon completion of the course, it is the student's responsibility to have an official transcript sent to: Whitman College, Registrar's Office, 345 Boyer Ave, Walla Walla WA 99362. eTranscripts can be sent to the Transfer Credit Evaluator at transfercredit@whitman.edu*

Registrar's Notes: