Office of the Registrar

Transfer Credit Authorization Form

(All fields outlined in red are REQUIRED. An answer must be provided in order to save form)

Name: Campus Email: Transfer Credits to date Expected Graduation Date:			PWID #:		
			Phone #:		
			Total PennWest credits: Semester in which courses will be taken:		
Major:					
Institution or Or	ganization name wl	nere transfer	courses will be taken:		
Course(s) to be Transferred to PennWest:			PennWest Equivalent Course(s):		
Course Title	Course Subject & Number	Credits	Course Title	Course Subject & Number	Credits
 Students sh PRIOR TO F at transferce Following co 	nould also review our <u>Gra</u> REGISTERING at another credit@pennwest.edu to v	nduation Require institution or or verity transfer co nt must have an	official transcript sent immedia	cies. ntact Articulation and Trans	
Student Signature			Date:	_	
Department Chair Signature			Date:		
Dean's Signature			Date:		

Instructions:

- Faculty to complete form with all required information. **Digital signatures are preferred**.
- Faculty sends electronic form to the Admin Assistant in the Deans office of the course that is being changed.
- Dean or designee signs digitally then uploads completed form to transfercredit@pennwest.edu
- Please follow naming convention of: TERM_PWID_TRANSFER FORM
 - o Example: 202230_P11100023_TRANSFER FORM