

REQUEST FOR APPROVAL OF TRANSFER CREDIT

Student Name: _____ WID: _____ Advisor(s): _____ Today's Date: _____
 Major(s): _____ Undeclared? Anticipated Whitman Graduation Date: _____

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.

College/University to Attend: _____ Location (state & city): _____ Dates to attend (m/yy-m/yy): _____
 Term in which to attend: Fall Spring Summer
 Taking Courses: While on Leave While taking Whitman classes (requires Registrar preapproval)
 Type of term:* Quarter Semester
 Type of courses: On Campus Online

*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 #: ex: HUM 205	Course Title: ex: Religion, Violence, and Peace: Patterns Across Time and Tradition	Number of Credits Awarded at Transfer College*	Major/Minor Credit, Course Equivalency, Distribution, or General Degree Credit 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.	Approved	Not Transferable

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; and 10 from online courses.

Advisor Signature _____ Date _____ Student Signature _____
Approving Transfer Credit/Courses as Specified Above (Required) (Required)

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

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 Pam Fowler, Transfer Credit Evaluator, at fowlerpa@whitman.edu

Registrar's Notes: