

Wagner College

Pre-Approval of Transfer Credit

Name: _____

Student ID#: _____

Email: _____

Phone: _____

Name of Institution where you will be taking these courses: _____

Please pick which term of study: Year: _____

FALL
SPRING
SUMMER
WINTER
Study Abroad

Reason for taking courses elsewhere: _____

Students who wish to have the credits accepted for transfer should be aware of the following:

- It must be an approved program (study abroad or visiting student) and is valid for the semester and year indicated above. You must **attach a full copy of the course syllabus listing the number of class hours per week to this form.**
- Must get a final grade of **"C" or better** and may count toward the student's Wagner degree but is not calculated in the cumulative or the major.
- Students who enter Wagner with transfer credits may transfer in additional credits according to the following table:

Transfer units awarded upon entry	Additional transfer units allowed after entry (General/Major)
0-7.5 units	4/2
8-16.5 units	3/2
17-25.5 units	2/1
26 units and Above	0/0

Exceptions may be made for students participating in study abroad programs and other Wagner-approved programs. An Academic Petition would have to be submitted if not within the policy.

- Any changes to this form must be sent to and approved by Athena Turner-Frederick, Registrar (a.turner-frederick@wagner.edu).
- It is the student's responsibility to request that an official transcript be forwarded to the Office of the Registrar upon completion of the course(s).

Course #	Course Title (from visiting institution)	For Dept. Head/Registrar use only: Wagner College Equivalent	# of Units	DEPT

Fill out the form, attach the syllabus or course description and sign and date:

Additional Comments:

Student Signature _____ Date: _____

STUDYING ABROAD ONLY Please indicate a full schedule. Usually 4 classes will make you fulltime.

Course #	Course Title (from Study Abroad)	For Dept. Head/Registrar use only: Wagner College Equivalent	# of Units	DEPT

Additional Comments:

Study Abroad: Student Signature _____ Date: _____

Study Abroad: Advisor Signature _____ Date: _____

Advisor, please acknowledge the request and make suggestions or clarification on the request. Please indicate your decision and sign/date.

Additional Comments:

Academic Advisor's Signature _____ Date: _____ Decision: _____

Department Chair, please review the course and identify what it will equate to or carry the skills designations.

Additional Comments:

Department Chair Signature _____ Date: _____ Decision: _____

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Date the form of when it was received:

Registrar Signature/initials _____ Date: _____

Copies sent to: Student, Advisor, Registrar's office.