



Office of the Registrar Petition for Transfer of Graduate Credit

Save form as a PDF and email to CLASGrad@wayne.edu

WAYNE STATE UNIVERSITY

NAME: _____ BANNER/ACCESS ID: _____

TRANSFER CREDIT EARNED AT: _____
(COLLEGE OR UNIVERSITY)

(CITY AND STATE) (DATES OF ATTENDANCE)

COURSE NO. & TITLE	LETTER GRADE	WSU EQUIVALENT	SEMESTER HRS.
TOTAL			

APPROVED BY: _____

NAME and AccessID

DATE

- If no direct equivalent is granted, indicate subject and level elective credit (i.e. 5000 level elective credit is 5XXX)
- Include a letter grade and/or credit conversion memo if necessary
- Please fill the **COURSE NO. & TITLE** field exactly as it appears on the transcript
- Use a separate form for each school