



Internal Transfer of Credit Form

This form is not to be used by students transferring into PsyD
Office of the Registrar

Student ID #: _____

Student Name: _____

WJC Previous Program: _____

WJC New Program _____

Course from Previous Program	Credits	Course Requirement New Program	Credits
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Signature of New Program Chair

Date

By signing this form I am acknowledging the outcomes of how my WJC coursework completed will be applied to my new degree program.

Signature of Student

Date