

Student ID#:

One Wells Avenue Newton, Massachusetts 02459 617.327.6777 williamjames.edu

Petition for Transfer of Credit

Course Must Be Graduate Level of Study Office of the Registrar

A separate form is required for each course for which transfer of credit is being requested. Please print in the spaces provided on the form. The syllabus and an official transcript must be submitted with this petition.

Student Nar	ne:				
William Jam William Jan	· ·				
Check one:	□ Official to□ Official to□	re was taken: ranscript showing course is in my st ranscript showing course will be sen	it to the Registra	•	<u> </u>
Term and Year	n g submitt Course Code	ed for transfer of credit considera Course Title	Number of Credits	Semester or Quarter System	Grade
•		James College Course Name): ed (1, 2, or 3):	Course Number:		
Student Sign	nature		 Date		
	Ple	ease return completed form and Registrar's Office, At	•):
Approved b	ру	Yes	□ No		
If no, reasor	1:				
Signature of Reviewer				 Date	

Email: registrar@williamjames.edu Phone: 617-564-9393 Fax: 617-477-2030 Revised 5/8/15