

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 ID#	:				
Student Nan	ne:				
William Jam	es College Prog	gram:			
William Jam	es College Adv	isor:			
Institution v	vhere course w	ras taken:			
[Official trans	script showing course is in my stud script showing course will be sent For transfer of credit considerati	to the Registra	-	_
Term and Year	Course Code	Course Title	Number of Credits	Semester or Quarter System	Grade
Equivalent t	to (William Jam	es College Course Name):			
Course Num	ıber:	Transfer Credit Accepted	(1, 2, or 3):		
Student Sign	ature		 Date		_
	Please	e return completed form and a Registrar's Office, Attr	-		0:
Approved b	у	Yes	□ No		
If no, reason	ı:				
Signature of	Reviewer			 Date	

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