

# Wagner College

## Pre-Approval of Transfer Credit

Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Institution where you will be taking these courses: \_\_\_\_\_

Please circle which term and program:

\*FALL \*SPRING \*SUMMER \*\*Studying in US \*\*Study Abroad Year: \_\_\_\_\_

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 course description to this form**, listing the number of class hours per week.
- Must get a final grade or **“C” or better** and may count toward the students Wagner degree but is not calculated in the cumulative or the major GPA.
- After the completion of 18 units, any courses for the major would have to be from baccalaureate-granting schools and would need approval by the Department Chair and Registrar. Credit earned from two-year colleges after completion of 18 units would be limited to courses outside one’s major and would be subject to approval by the Department Chair and Registrar.
- Any changes to this form must be sent to and approved by Athena Turner-Frederick Registrar ([a.turner-frederick@wagner.edu](mailto: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

**STUDYING ABROAD ONLY** After this form is completed and signed you must bring a copy to the Center of Intercultural Advancement (CIA) (Union 202) to be placed in your file, you must also inform the CIA of any changes made while abroad.

Study Abroad Advisor Signature \_\_\_\_\_ Date: \_\_\_\_\_

**(STUDY ABROAD STUDENTS ONLY)**

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

Academic Advisor’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair Signature \_\_\_\_\_ Date: \_\_\_\_\_

Registrar Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_