

Name: _____

Contact Phone Number: _____

Contact E-mail: _____

REQUEST FOR TRANSFER CREDIT FORM

Graduate Programs in Counseling Psychology
Department of Psychology & Philosophy

Instructions: For each row, please indicate the course taken at another institution and the corresponding TWU course for which you wish to receive transfer credit.

Other Institution	TWU
Course Prefix & Number: _____	Course Prefix & Number: _____
Course Title: _____ _____	Course Title: _____ _____

Other Institution	TWU
Course Prefix & Number: _____	Course Prefix & Number: _____
Course Title: _____ _____	Course Title: _____ _____

Other Institution	TWU
Course Prefix & Number: _____	Course Prefix & Number: _____
Course Title: _____ _____	Course Title: _____ _____

Other Institution	TWU
Course Prefix & Number: _____	Course Prefix & Number: _____
Course Title: _____ _____	Course Title: _____ _____

Note: THE COURSE SYLLABUS from the previous institution MUST be attached for any course from a previous institution to be considered for transfer to TWU.

Print out as many copies of this sheet as necessary for the number of transfer credits requested.