

PETITION FOR UNDERGRADUATE TRANSFER CREDIT REVISION

920 _____
 Student ID Number Last Name First MI

 Major Catamount Email Address _____@catamount.wcu.edu

Required:

- Students must submit catalog descriptions of courses from all institutions **except** North Carolina Community Colleges.
- Students need to complete the course information in the boxes below for each of the courses they wish to petition.

Notes:

- Students should consult the general catalog or our website (registrar.wcu.edu) for North Carolina Community College equivalencies and other specific information governing the transfer of credits.
- It is the **student's** responsibility to ensure that the content of the transferring course does not significantly overlap courses for which they received prior credit.
- It is the sole discretion of the **Department Head or designee** for the program that offers the WCU course to **award or deny** petitioned credits. Credit will not be awarded for a course determined to be equivalent to a course for which credit already exists on the student's record. Students **will not** receive additional credit for **repeated courses**.
- Students should always **consult with their academic advisor** when determining the appropriateness of any **future transfer coursework** and complete a **Transient Permission** form.

STUDENT MUST COMPLETE THIS SECTION					DEPARTMENT	
Transfer Institution Name	Transfer Institution Course Prefix & Number	Credit Hours	Current WCU Course Credit Prefix & Number	Requested WCU Course Credit Prefix & Number	Department Decision (Approve or Deny)	Department Decision – Change articulation in catalog? (YES or NO)

Department Instruction: Please **approve** or **deny** each course petitioned for revision. Please indicate in the **final column** above if you would like for this articulation to be changed in the transfer catalog from this term forward (**YES**) or if you approve this equivalency override for only this student (**NO**).

 Department Head or Designee Signature

 Date

 Student Signature

 Date

CC: Student File

Note: Upon completion, please submit form to the Office of the Registrar, 206 Killian Annex, for processing.

OFFICE USE ONLY	
Processed by: _____	Date: _____