



Office of the Registrar
 181 White Street, Old Main 102
 Danbury, CT 06810
 Phone: (203) 837-9200
 Fax: (203) 837-9049
www.wcsu.edu/registrar

Permission to Take a Course at Another Institution

Please check the WCSU Course Equivalency Lookup: <https://webapp.wcsu.edu/transfer/lookup>

If the transfer course is listed on the Equivalency Lookup page you do not need to submit this form, however, you are still required to adhere to the following transfer credit policy:

In requesting permission to take a course at another college or university, I recognize that to receive transfer credit I must earn a "C-" or better (Note, some programs require a higher minimum grade. Consult with your advisor.) Pass/Fail transfer courses will not be accepted. **Only courses from regionally accredited colleges or universities will be considered for transfer credit.**

I understand the grade received will NOT be incorporated into my Western Connecticut State University quality point average (GPA), but will appear on my record as transfer credit (T).

The [Repeat Policy](#) will not be applied to transfer courses. Students will not receive duplicate credit for any course in which they have already earned credit.

To earn a degree from WCSU, all transfer students must complete a minimum of 30 credits at WCSU prior to graduation. At least half the credits required in any major must also be completed at WCSU.

It is my responsibility to be certain that an official transcript is sent to the Registrar's Office at WCSU indicating a final grade for the course. Official transcripts must be sent directly from the transfer institution.

Credit will not be given until the official transcript is received.

Last Name	First Name	Student ID Number	Today's Date
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Address	City	State	Zip
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Telephone	University Email	Student Major
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I am requesting permission to take the following course:

Dept.	Course No.	Title	Credits
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at: _____ **during semester & year:** _____
 Name of College/University and Location (Spring, Summer, Fall, Intersession), Year

I am requesting permission to transfer the above course to my WCSU transcript as:

Dept.	Course No.	Title	Credits
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Signature of Student: _____

This form requires the approval and signature of the Academic Chairperson overseeing the department corresponding to the course being transferred. (i.e. ART chair for an Art course)

Chairperson Name	Department	Today's Date
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Signature of Chairperson: _____

THIS FORM IS VALID ONLY WHEN IT HAS BEEN SIGNED BY THE STUDENT, THE CHAIRPERSON, AND SUBMITTED TO THE REGISTRAR'S OFFICE