



The College of William and Mary  
 Office of the University Registrar  
 Blow Memorial Hall – Room 108  
 (757) 221-2800 Fax: (757) 221-2151  
 registrar@wm.edu

# TRANSFER CREDIT REQUEST FORM

**POLICY:**

- This form is intended for transfer students who seek credit for courses completed at domestic institutions.
- Only those faculty members listed as Transfer Credit Evaluators (TCE) are authorized to evaluate transfer credit (see Registrar website for listing).
- The Transfer Credit Coordinator (TCC) determines the number of credits that should be granted for each course and the Transfer Credit Evaluator reserves the right to reduce credit when necessary.

**PROCEDURES FOR STUDENT:**

1. List all courses that you wish to have evaluated or reevaluated with the course code, number and title used by the transfer institution.
2. Submit course descriptions, syllabi, tests, texts or any other materials that convey the content of the course to the appropriate dept. chair.
3. Once the courses have been evaluated, make sure that the W&M equivalent and signature is clearly noted on the form.
4. Make a copy of this form for your records and submit the original to the Transfer Credit Coordinator, in the Office of the University Registrar.
5. Approved courses will not be posted to your record unless the final transcript has been received. Check your transcript periodically through Banner Web for confirmation.

**PROCEDURES FOR TRANSFER CREDIT EVALUATOR:**

1. Note the W&M equivalent course in the designated area. The student will receive the same number of credits that the transfer institution awarded unless the evaluator determines that the course should receive partial credit.
2. Provide your legible signature in the designated area.

<b>NAME:</b>	<b>EMAIL ADDRESS:</b> _____@wm.edu
<b>STUDENT ID:</b>	<b>CAMPUS MAIL BOX:</b>

**NAME OF TRANSFER INSTITUTION:** \_\_\_\_\_

COURSE #	DESCRIPTIVE TITLE	W&M EQUIVALENT <i>(FACULTY USE ONLY)</i>	TCE SIGNATURE <i>(FACULTY USE ONLY)</i>

**NAME OF TRANSFER INSTITUTION:** \_\_\_\_\_

COURSE #	DESCRIPTIVE TITLE	W&M EQUIVALENT <i>(FACULTY USE ONLY)</i>	TCE SIGNATURE <i>(FACULTY USE ONLY)</i>

<b>FOR OFFICE USE ONLY:</b>
Date Received: _____ Date Posted to Banner: _____