

Graduate Transfer Credit Evaluation and Course Substitution

Credit ea	rned at: _										
Please no		roved, this t	ransfer credi	t will be added to your	Western Mi	chigan Univ	versity tra	anscript at t	he time you	ır degree i	
Student Name (Last):				(First):		(M.I.):		WIN:			
Address:				City:		State:		Zip Code:			
Phone Number (include area code):				Email Address:							
Department		Course				Semester Hours	R	Registrar's Office Use Only			
		Number	Title of Course				Grade	Valid Until	Equated level	Not Valid	
COURSE	SUBSTI	TUTION I	NFORMAT	ION							
(To implen	nent a cha	ange to the p	permanent pi	rogram of study)							
Delete						Add					
Course Number	Title				Course Number	Title					
					1						
Student Signature:						Date:					
College Advisor Signature:						Date:					