

WAYNE STATE UNIVERSITY

SCHOOL OF SOCIAL WORK

Petition for transfer of undergraduate credit

Name _____ Date of Petition _____
Last First Middle

Address _____ phone _____
Number/Street City State Zip

I hereby petition for transfer of _____ semester hours of credit

to be earned

earned in _____ at _____
Semester/year Name of Institution

A transcript was requested to be sent to the School of Social Work, Wayne State University on

Date

Courses requested to be transferred

Dept.	No.	Title	Semester Hrs. Cr.	Grade if earned

Student's signature

Undergraduate Officer's Recommendation:

It is not recommended that the above course(s) be transferred.

It is recommended that the course(s) listed below be transferred as follows:

Authorizing Signature

Date