



Credit Transfer Request Form

Student Name		Application ID	
Program Name			

Transfer evaluation	
Course Name to be Transferred:	
Equivalent NWU Course Name:	
Syllabus Coverage	
Grade earned	
Mode/duration	
Level of the course	
Other comments	

Transfer outcome			
<input type="checkbox"/>	<input type="checkbox"/>	Approved	Reason
<input type="checkbox"/>	<input type="checkbox"/>	Rejected	

Comments (If any)

Transfer Credit Evaluator			
Name		Signature	
Title		Date	