



## PRE-APPROVAL FORM

Guarantee of Credit Transfer from another College or University

**Please read before completing this form:**

- Submit a separate form for each institution or more than three courses.
- Provide accurate course prefixes and numbers of the other institution's courses, along with a course description of each course.
- Indicate which WPU Course requirements you intend to replace with this transfer course.
- Sign, date and submit this form to the Registrar's office, Penn Hall 217 [fax 641-673-1390]. Allow up to 48 hours for an emailed response.
- Have an official transcript sent to WPU with grades from the other institution.

**Note:** Pre-Approvals cannot be processed for coursework from institutions outside the U.S or for certain US institutions lacking proper accreditation status as recognized by Regional Accreditation agencies and/or the Council for Higher Education Accreditation.

**PLEASE KNOW:** 1) Credit transferred in will only impact CREDIT HOURS, NOT GPA. No grade replacement or GPA improvement can happen with transfer credit. 2) For Athletic eligibility, the transfer work must be completed before the beginning of the new term.

Name \_\_\_\_\_ ID No. \_\_\_\_\_

Email \_\_\_\_\_ Phone No. \_\_\_\_\_

Advisor Name \_\_\_\_\_

International Student? Yes \_\_\_\_\_ No \_\_\_\_\_ (Int'l students have unique issues to consider)

**When do you plan to take this coursework? If this coursework finishes your degree requirements, you will also need to complete a Waiver of Residency form.**

Term \_\_\_\_\_ Year \_\_\_\_\_

Reason for taking this course(s) elsewhere:

\_\_\_\_\_

**TRANSFER INSTITUTION INFORMATION:** Use a separate Prior Approval Form for each college/university.

University/College/State where course will be taken: \_\_\_\_\_

Courses to be taken at Other Institution			William Penn Equivalent Courses to be Replaced		
Course Number Example: ENG 100	Title Example: Intro to Comp I	Credits	Dept Number Example: LDRS 101	Title Example: English Comp I	OFFICE USE APPROVE/DENY

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by Registrar \_\_\_\_\_ Date \_\_\_\_\_