WHEATON COLLEGE
For Christ & His Kingdom

<div align="right">

Study Abroad
Request for Approval of Transfer Credits

</div>

Submit form to academic.advising@wheaton.edu

Name _____ Student ID _____

Major(s) _____ Anticipated Graduation Date _____

Study Abroad Program Provider/Organization (e.g. CIEE, CCCU GlobalEd, IAU, DIS, etc.) _____
Program Name (e.g. Berlin Open
Campus, Oxford Scholar's Sem., etc.) _____

Program Location/Country _____ Year _____ Term _____
If doing CCCU, ISDSI, DIS, or CCSP, skip to Course Information Section

College Attending _____

College Credit System: Semester ECTS Other _____

- Courses with a grade below C- equivalent are **not** transferable. Courses of a vocational or technical nature are **not** transferable.
- Courses must be letter graded and not taken pass/fail. Grades do not transfer unless noted in bottom section.
- Fall and Spring term students must be at full-time hours to be on Approved Off-Campus Study.
- All courses must be counting toward degree to be eligible for Financial Aid.
- Transfer courses only carry the primary thematic core tag. Transfer courses will not earn 2 tags.

The student is responsible to request an official transcript sent to Wheaton College Academic Advising Office when coursework is complete.

Course Information from Other Institution					
Subject	**Course**	**Title**	**Credit Hours**	**How do you plan to apply these credits at Wheaton (Major/Gen Ed/Elective)?**	**Academic Advising Office Use Only**

<div align="center">

**Advisor, please indicate which course(s), if any, meet major requirement for the following:
ANTH Cross-Cultural Immersion   ENVR Field Study   Foreign Language Study Abroad

</div>

_____   _____
Student Signature   Date   Major/Minor Dept. Advisor's Signature
                                                               (Required for major/minor courses)

Academic Advising Office Use Only
The courses requested and their application to your degree at Wheaton are approved as noted above for a total of _____ equivalent semester hours. Grades **Do** / **Do Not** transfer.

_____   Date _____
Academic Advising Office Signature