



1903 W. Michigan Avenue
 Kalamazoo, MI 49008-5256
 (269) 387-4300
 wmich.edu/registrar

Graduate Transfer Credit Evaluation and Course Substitution

Credit earned at: _____

P : If approved, this transfer credit will be added to your Western Michigan University transcript _____

Student Name (Last):	(First):	(M.I.):	WIN:
Address:	City:	State:	Zip Code:
Phone Number (include area code):	Email Address:		

Department	Course Number	Title of Course	Semester Hours	Registrar's Office Use Only			
				Grade	Valid Until	Equated level	Not Valid

Reasons not valid: _____

Accepted for credit in: _____

COURSE SUBSTITUTION INFORMATION

(To implement a change to the permanent program of study)

D		A	
Course Number	Title	Course Number	Title

Student Signature: _____ Date: _____

College Advisor Signature: _____ Date: _____