TRANSIENT FORM
Wheeling Jesuit University

Student Name: _____ Student ID: _____

Major: _____ Class Level: _____

Semester: ☐Fall ☐Spring ☐Summer Year: _____ Date: _____

Transient Institution: _____

TRANSIENT COURSES	WHEELING JESUIT COURSES
Dept. **Course #** **Credits** **Title:** _____ Academic Advisor Signature Date	**Dept.** **Course #** **Credits** **Title:** _____ Department Chair Signature Date
Dept. **Course #** **Credits** **Title:** _____ Academic Advisor Signature Date	**Dept.** **Course #** **Credits** **Title:** _____ Department Chair Signature Date
Dept. **Course #** **Credits** **Title:** _____ Academic Advisor Signature Date	**Dept.** **Course #** **Credits** **Title:** _____ Department Chair Signature Date

Note: By policy the last 30 of 36 hours in a degree program must be taken at WJU for graduation requirements. To be eligible for this process a student must be currently registered with WJU in good standing.

Prior to registering at another college, you must verify that the courses you wish to take are equivalent to Wheeling Jesuit University courses. For credits to transfer, you must achieve a grade of "C-" or better. No more than 3 courses (9 credits) may be taken during a summer. You must obtain the verification of equivalence for each course: you may be required to furnish course descriptions and syllabus for the Department Chair. **It is your responsibility to have an official transcript forwarded to WJU upon completion of the coursework.**

Student Signature Date

Registrar Representative Signature Date