

STUDENT INFORMATION

BACHELOR'S DEGREE TRANSFER CREDIT REQUEST FORM

Registrar's Office - registrar@cwi.edu - 208.562.3000 phone - 888.562.3216 fax PO Box 3010 - MS 1000 - Nampa, ID 83653 - www.cwi.edu

This form is used if you have earned a bachelor's degree from another institution and have taken courses there that will fulfill the prerequisites for your current degree, program, or a specific course at CWI. It is the student's responsibility to research the courses they have taken and determine which prerequisite(s) they may fulfill. Once completed, this form can be submitted in person by the student; through the student's CWI email; or by fax, mail, or personal email with a copy of a current photo ID.

LAST NAME	FIRST NAME	MIDDLE INITIAL _	STUDENT ID
PHONE NUMBER (INCLUDING AREA	CODE) DATE OF	BIRTH MAJOR	
		fficial transcripts on file in order for t	·
		ing credits, please let us know if you a ssistant Professional Nursing	
PREREQUISITE COURSE TRANSFER I	REQUEST		
your program at CWI or that fulfill pr Physiology 2 (currently BIOL 228) for	rerequisites for a specific course you veryour program and you took the equi	nelor's degree that you anticipate will would like to take. For example, if you valent of Human Anatomy and Physio note that you believe it is equivalent t	need to take Human Anatomy and logy 1 (currently BIOL 227) at
Example:			
Transferring Institution	Course Number	Course Title	CWI Equivalency Course
Idaho State University	BIOL 3301	Anatomy & Physiology	BIOL 227 / BIOL 227L
		d met if you have completed a bachel ific program. Please include such cour	
Transferring Institution	Course Number	Course Title	CWI Equivalency Course
•	,	our transcript as transfer credit and wi umulative totals on your official CWI to	, ,
SIGNATURES			
this form does not guarantee that I v		courses I have listed above will meet requisite courses and I understand the /I.	
STUDENT SIGNATURE		DATE	