REQUEST FOR COURSEWORK TRANSFER
Biomedical Science

Student Name: __________________________________   Student ID: ______________________________

This form is used by new and continuing students to transfer credit from coursework completed at other institutions. Please complete this form and submit all supporting documentation to your program for review and approval.

Master’s Degree
A maximum of 6 credits may be accepted toward the degree provided the credits meet the following criteria.
• The course was taken at an accredited institution in the United States.
• The course is classified as a graduate level course.
• The course was not taken as part of a previous earned graduate degree at another institution.
• The grade in the course is B or better.

Doctoral Degree
A maximum of 2/3rds of the required minimum credit hours may be accepted toward the degree provided the credits meet the following criteria.
• The course was taken at an accredited institution in the United States.
• The course is classified as a graduate level course.
• The course was not taken as part of a previous earned graduate degree at another institution.
• The grade in the course is B or better.
• The student must not have advanced to candidacy.

International Transcript Evaluation
All international transcripts must be verified through World Education Services (www.wes.org).
• The student is responsible for contacting World Educational Services to complete the transcript evaluation.
• The student is responsible for the cost of the evaluation.
• The evaluation can take up to 7 business days to complete.
• The student must have World Education Services send the evaluation to the Registrar at the School of Medicine.

Each course listed below must be accompanied by an official transcript, course description and syllabus.

<table>
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<tr>
<th>Institution</th>
<th>Course Number</th>
<th>Course Title</th>
<th>Wake Forest Equivalent Course (Course #, Title, Credit Hours)</th>
<th>Credit Hours</th>
<th>Course Grade</th>
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Program Review

☐ Approved    ☐ Denied

Program Director Signature ___________________________ Date __________

Director of Graduate School Signature ___________________________ Date __________

Please return this form and all supporting documentation to Student Records, BGCME, 1st floor, Enrollment Services.

Student Records Review

☐ Approved    ☐ Denied

Transfer credit(s) entered in the student information system. Registrar Initials ________Date________