



WESTMINSTER
THEOLOGICAL
SEMINARY

Registrar Office Use Only:

Form rec'd: _____

Official Transcr. rec'd: _____

Course Descript. rec'd: _____

Processed date: _____ Init.: _____

TRANSFER OF CREDIT REQUEST FORM – CCEF

Date: _____

Please transfer all appropriate courses from CCEF to my WTS program.

Name: _____

Student ID: _____

Program: _____

Emphasis: _____

I have asked CCEF to send WTS an official transcript: yes _____ no _____

If you have checked “no” above, please have CCEF send an official transcript to Melinda Dugan, Registrar and Director of Financial Aid.

Student's Signature: _____

**THE REGISTRAR'S OFFICE WILL NOT PROCESS THIS FORM UNTIL AN OFFICIAL
TRANSCRIPT FROM CCEF HAS BEEN RECEIVED.**