



WISDOM SCHOOL of GRADUATE STUDIES CREDIT TRANSFER FORM

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Last Name	First Name	Middle Name	Phone Number
Address: # & street, apt #	City	State	Zip Code

Email Address

Academic Partnership Program*: _____

Anticipated Total Number of Units to be Transferred:** _____

* Academic Partnerships exist with a variety of programs. For the complete list of currently approved partners please see our website at: <https://www.wisdomuniversity.org/partners.htm>

** 8 units maximum; equivalency of 2 intensives

Please submit the following documentation with this form***:

- Transcript or formal letter of course completion from registrar or program
- Complete list of all dates you attended an academic partner program, and the number of hours attended for each event (typically weekend events qualify for up to 2 credit hours, weeklong up to 4, etc.)
- Integrative paper summarizing learning obtained from academic partner(s) course(s)
- Applicable fees (\$50 per transferable unit; example: 4 transferred units = total payment of \$200)

***Forms received without all of the documentation listed above will not be processed.

Student Signature: _____	Date: _____
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Ubiquity University, Wisdom School of Graduate Studies Official Use Only

Total Units of Credit Approved: _____	Payment Type/Date: _____
	Check # (If applicable): _____
	Amount: _____
Grader's Signature: _____	Date: _____
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Registrar Signature: _____	Date Entered: _____