



Office of the Registrar
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***Application for Transfer of
Religion Course Credit
From Other College or University***

(Complete this form and return to the Office of the Registrar - Records Dept.)

Date _____ Name _____

UID/ SSN # _____ Telephone _____

Address _____
(City) (State) (Zip)

College/University and Location _____

Title of Course _____

Catalog Description _____

(use reverse side if additional space needed)

Credit Hours _____ Date Course Completed _____ Grade Received _____

Major _____ Instructor _____

Textbook(s) _____

Please attach any copies of the following items:

(a) Course syllabus and/or (b) tests or papers used to determine course grade.

Materials will be returned on request.

This application cannot be processed unless the above items are submitted.

DO NOT WRITE IN SPACE BELOW

Department Action:

____ Approved: Course meets University criteria for academic religion study.

____ Rejected: Materials submitted do not show that course meets University
criteria for the academic study of religion.

(A copy of the criteria is available from Department of Religion)

(Chairperson)

(Date)