



WESLEY
THEOLOGICAL SEMINARY

DOCTOR OF MINISTRY OFFICE
4500 MASSACHUSETTS AVENUE, NW • WASHINGTON, DC 20016
202-885-8670 • fax 202-885-8605 • email dmin@wesleyseminary.edu

D.MIN. ELECTIVE CREDIT TRANSFER FORM

NAME AND ADDRESS _____

D.MIN. TRACK _____

COURSE TITLE _____

NAME AND ADDRESS OF INSTITUTION _____

NUMBER OF CREDIT HOURS OFFERED _____

Students must follow the registration procedures of the institution offering the course. Please make sure that an official transcript of your completed, graded work is forwarded to the Registrar's Office at Wesley Theological Seminary. There is a \$60 recording fee for each course transferred.

SIGNATURE _____ DATE _____

Return completed form to Wesley Theological Seminary
There is a fee of \$60 for Elective Credit Transfer