

# CONCORD UNIVERSITY GRADUATE STUDIES

## REQUEST FOR TRANSFER OF CREDIT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student ID: \_\_\_\_\_

Degree:

- M.Ed Concentration: \_\_\_\_\_
- M.A.T  
MHP  
MSW

Transfer credit is subject to the following rules and regulations of the Office of Graduate Studies and the Graduate Studies Council.

- A student may transfer **up to 6 semester hours** of graduate work completed at another accredited institution and apply these toward a graduate degree with Concord University.
- Transfer Credit requires the approval of the course Instructor and the Director of Graduate Studies.
- Official transcripts for credit must be attached or on file with the Office of Graduate Studies as well as a copy of the catalog course description and syllabus for each course before transfer credit can be approved.
- Courses without letter grades (graded credit, satisfactory, pass) must be accompanied by official evidence that such grades equated to a B or better at the institution at which they were earned.
- All graduate transfer credit must have been earned at an accredited graduate college or university and may not be utilized to fulfill a requirement for any other degree
- All transfer credit must have been taken within the time limitations on course work that are applied toward master's degree requirements.
- Credit taken admission to Concord University must be approved by the Director of Graduate Studies prior to enrolment.

### Course #1

College or University	Course #	Course Title	Credits	Date Taken	Grade
Comparable CU Course				██████████	███

Comments: \_\_\_\_\_

**Course #2**

College or University	Course #	Course Title	Credits	Date Taken	Grade
Comparable CU Course				██████████	███

Comments: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Course # 1                      Recommended                      Not Recommended**

**Course #2                      Recommended                      Not Recommended**

Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Approved                      Not Approved**

Graduate Studies Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Approved                      Not Approved**

Director of Graduate Studies Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_