

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: _____