



Request for Approval of Graduate Transfer Credit

Nazareth College Graduate Student Services 4245 East Avenue Rochester NY 14618
585-389-2815 phone 585-389-2612 fax gradservices@naz.edu

I request the following graduate course be considered for transfer credit. My signature on this form indicates that I understand the following policies and procedures regarding transfer credit:

1. A maximum of six (6) graduate credit hours earned at another accredited institution may be applied to the Nazareth College degree.
2. Transfer credits must be appropriate to the student's degree program and receive Program Director endorsement.
3. A minimum grade of B (3.0) or higher must be earned for each course. Courses graded on S/U or P/F basis are not transferable.
4. Transfer credits must be earned not more than **five** years prior to matriculation.
5. A printed catalog description must accompany this request.
6. The official transcript, with a grade of "B" or higher, is required before posting transfer credit to the Nazareth College transcript.
7. Students must be matriculated in a Nazareth College Graduate Studies program before transfer credit will be considered.
8. Return completed form to the Graduate Student Services office, Smyth Hall, Room 147.

DIRECTIONS: Students are to complete all information in Section A, and all information in either Section B *or* C. Once processed by the Graduate Student Services Office, a copy of this form will be returned to you in the mail.

SECTION A

Name _____ Student ID# (or Soc. Sec. #) _____

Address _____ Email: _____

Telephone _____ Graduate Program _____

Student Signature _____ Date _____

SECTION B

I have completed the course named below with a grade of "B" or higher.

Course No./Title _____ College/University _____

Semester & Year _____ Grade Earned _____ # of Credits Earned _____

SECTION C

I am requesting approval to enroll in the course named below for transfer to Nazareth College.

Course Number/Title _____ College/University _____

of Credits _____ Semester & Year _____ Dates/Times of Course Offering _____

FOR OFFICE USE ONLY

Program Director:

Endorsement recommended Endorsement NOT recommended (If not endorsed, please indicate the reason(s) in the comment section.)

Signature, Program Director

Date

Program Director Comments: State how this course is to be designated (i.e. equivalency of EDU 501, type of elective credit, replacement course etc.) or reason for not endorsing:

Graduate Student Services Approval Granted: Yes No

Signature, Director of Graduate Student Services

Date

Notes: _____