REQUEST FOR APPROVAL OF GRADUATE TRANSFER CREDIT

NAZARETH UNIVERSITY

Nazareth University • Academic Advisement Office• 4245 East Avenue Rochester NY 14618

Phone 585-389-2800 • Fax 585-389-2612 • Email advisement@naz.edu • Smyth Hall, Room 1

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 graduate credit hours earned at another accredited institution **may** be applied to the Nazareth degree:
   a. Six (6) credit hours for degree programs up to 36 credit hours;
   b. Nine (9) credit hours for degree programs greater than 36 credit hours.
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) 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 University transcript.
7. Students must be matriculated in a Nazareth University Graduate Studies program before transfer credit will be considered.
8. Return completed form to the Academic Advisement Office in Smyth Hall, Room 1 or advisement@naz.edu.

DIRECTIONS: Students are to complete all information in Section A, and all information in either Section B ***or*** C. Once processed by the AcademicAdvisement 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 University.

Course Number/Title _____College/University_____

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

FOR PROGRAM DIRECTOR 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 SPF 501, type of elective credit, replacement course etc.) or reason for not endorsing:

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Please return the completed form to the Academic Advisement Office by email at advisement@naz.edu or in person at Smyth 1. Once the coursework is complete please send an official, final transcript to the Registration & Records Office to have the credit posted to your Nazareth student record.