



REQUEST FOR APPROVAL OF GRADUATE TRANSFER CREDIT

Nazareth College Registrar's Office 4245 East Avenue Rochester NY 14618
Phone 585-389-2819 • Fax 585-389-2612 • Email registrar@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 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 Registrar's Office, Smyth Hall, Room 1.

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

Registrar's Office Approval Granted: Yes No

Signature, Registrar's Office Designee _____
Date

Notes: _____