



REQUEST TO TRANSFER GRADUATE CREDIT

Name: _____ Student ID: _____

Address: _____

Home Phone: _____ Mobil or Work Phone: _____

Primary Email Address: _____ Alternate (non-SJC) Email: _____

Information regarding graduate transfer credit:

- As a rule no more than 6 semester hours may be transferred from another institution of higher learning, exclusive of members of the consortium with the Hartford Seminary Foundation.
- The coursework must have been completed within the last seven years and must parallel courses offered in the Saint Joseph College Graduate Program and
- Class(es) requested for transfer must carry a grade of "B" or higher.
- Transfer credits will only appear on a student's academic record once they have been officially matriculated into a graduate program.

Education Department and School Counseling majors: TWO official transcripts of the courses listed below should be submitted with this request for transfer credit:

➤ All other majors **ONE** official transcript must be submitted with this transfer request.

Course 1 >

_____	_____	_____
College / University Where Taken (Include City and State)	Semester	Year
_____	_____	_____
Course Code, Number and Name	Credits	Grade

USJ Equivalent if applicable, Course Code, Number & Name

Course 2 >

_____	_____	_____
College / University Where Taken (Include City and State)	Semester	Year
_____	_____	_____
Course Code, Number and Name	Credits	Grade

USJ Equivalent if applicable, Course Code, Number & Name

****Approved form must be submitted to the Registrar's office with an official transcript attached to be processed****

Student's Signature _____ Date _____

Department Approval:

Advisor's Signature: _____ Date _____

School Dean Signature: _____ Date _____

Transferred course(s) is on the student's Planned Program: yes / no Student is Matriculated: yes / no