

Registrar's Office 501 Crescent Street New Haven, CT 06515-1355 Tel: (203) 392-5301

Fax: (203) 392-7144 Registrar@SouthernCT.edu

## Transfer Credit Request (For Graduate Students)

Student Name:		Student ID #:
	ents must submit the request and rece	ubmit a this form to initiate the transfer ive approval prior to enrolling in a
credits, or up to 25 percent of the to	s of graduate coursework to transfer in otal credits for longer programs, not inc cies. All transfer coursework must mee	•
institutions licensed to operate Passing grade of "B" (3.0) or hig Courses must have been comple Courses must be applicable to a Courses may not have been pre For sixth-year certificates, cred Students must submit an official tran		rovost or designee. asferred. aduation. ments. degree. the course(s) to be transferred. Credit hours apputed for grades earned at Southern only.
College/University	Course (include title)	SCSU Equivalent *Determined by Dept
*If there is no equivalent course at S	CSU the transfer course will be brough	t in as elective credit (ex. CSC 0500).
By my signature below, I understand	and agree to comply with the policies	stated above.
Student Signature:		Date:
Advisor Signature:		Date:

Please scan the signed form and **email to <u>Registrar@SouthernCT.edu</u>** with subject line: Transfer Credit once approved and signed by the Chairperson/Graduate Coordinator.

Chairperson/Graduate Coordinator Signature: \_\_\_\_\_