



Registrar's Office  
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 Email: [Registrar@SouthernCT.edu](mailto:Registrar@SouthernCT.edu)  
 Web: [OneStop@SouthernCT.edu](http://OneStop@SouthernCT.edu)

## Transfer Credit Request (For Graduate Students)

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

### Courses being transferred must adhere to the following policy:

The amount of graduate work transferable to a graduate degree program is limited to a maximum of 9 credits, or 25 percent of the total credits for programs requiring 36 credits or more, not including prerequisites. Many graduate programs have more restrictive policies. To transfer credit, the following criteria must be met:

- Graduate level from a regionally accredited institution authorized to grant graduate degrees.
- Courses from institutions without Regional Accreditation, but that are licensed to operate in Connecticut, will be reviewed on a case-by-case basis by the Provost or designee.
- Passed with a grade of "B" (3.0) or higher; (pass/fail courses may not be transferred).
- Within the six-year limit at the time of graduation.
- Recorded on an official transcript from the granting institution.
- Included on the planned program by the graduate program adviser.
- Transfer credit may not have been used towards a previously earned degree.
- Transfer credit towards a sixth-year certificate must have been earned after the master's degree.

Students must submit an official transcript showing proof of completion of the course(s) to be transferred. Credit hours only, not grades, may be transferred. No transfer credit will be posted until the student has been accepted into a graduate program. The GPA is computed for grades earned at Southern only. Transferred courses cannot be revalidated if beyond the six-year limit for inclusion in a graduate program.

### Transfer Courses:

College/University	Course (include title)	SCSU Equivalent *Determined by Dept.

\*If there is no equivalent course at SCSU the transfer course will be brought 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: \_\_\_\_\_

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

Please scan the signed form and email to [Registrar@SouthernCT.edu](mailto:Registrar@SouthernCT.edu) with subject line: **Transfer Credit** once approved and signed by the Chairperson/Graduate Coordinator.