TRANSFER OF GRADUATE COURSE FORM

Transfer of graduate courses does not apply to the Psy.D. Program.

Transferred courses with a grade of “B” or above, completed within the last five years, will be applied only after the student has matriculated. The maximum number of credits for transfer is 25% of the total credits in the program. Workshops or life experience cannot be considered for academic credit. The courses must be from an accredited institution and must be compatible with the program of study. Transfer credits will not be considered in calculating the student’s Grade Point Average (GPA).

Official transcripts must be on file and course descriptions must be submitted for review.

Student’s Name: ___________________________________ ID Number:_____________________

Date Matriculated:_____________________________ Degree Program: _________________________________________

Institution Where Course was Completed: ______________________________________________________________

Course Number and Title Previously Taken:_____________________________________________________________

Accepted CHC Course Equivalent: ______________________________________________________________________

Number of Credits: _______ Grade Earned: _______ Year Completed: _______ Check One: ___ Required ___Elective

Institution Where Course was Completed: ______________________________________________________________

Course Number and Title Previously Taken:_____________________________________________________________

Accepted CHC Course Equivalent: ______________________________________________________________________

Number of Credits: _______ Grade Earned: _______ Year Completed: _______ Check One: ___ Required ___Elective

COMMENTS:
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

Student Signature                     Date

Department Representative                Date

Dean Signature                           Date

Graduate School Representative Signature    Date

Return to: Graduate School, St. Joseph Hall, 3rd Floor, Room 378 or Fax to 215.248.7161 or E-Mail to gradschool@chc.edu
Copies to: Student, Student File, Faculty Advisor, Department Chair/Coordinator

9601 Germantown Avenue                Phone: 215.248.7170  E-Mail: gradschool@chc.edu
Philadelphia, PA 19118                Fax: 215.248.7161     Website: www.chc.edu

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