

## 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. Students are permitted to transfer up to six credits from institutions other than Chestnut Hill College. 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, and syllabi 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

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chair/Coordinator/s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate School Representative Signature

\_\_\_\_\_  
Date

**Return to:** Graduate School, St. Joseph Hall, 3rd Floor, Room 378 or Scan and E-Mail to [gradschool@chc.edu](mailto:gradschool@chc.edu)  
***Please do not return the form until all required signatures (with the exception of the signature of the Dean) are obtained. Any incomplete forms will be returned to the student. A Graduate representative will get the completed form to the Dean for review and signature.***

**Copies to:** Student, Student File, Faculty Advisor, Department Chair/Coordinator