



CPCE Graduate & Post Bac Transfer Credit Evaluation Form

(to be submitted with your CPCE application materials)

The 2007-2008 Graduate Catalog includes the following Rowan University graduate policy regarding transfer credit. "A maximum of twelve semester hours in graduate credit from another accredited U.S. college or university may be applied toward a graduate degree program, provided the grade for each course is at least a B* (3.0) and has been earned within the last 10 years." A maximum of six semester hours can be applied to a certificate or certification** program. Any request for transfer credit must be approved by the Program Advisor, Department Chair, and the Dean of the Graduate School/CPCE.

**B-* and "Pass" grades are not acceptable. **Due to NJ State requirements

While the above outlines the overall policy, each Rowan graduate program may decide on a more stringent policy than the one detailed above. In order to determine the transfer policy for your particular program of interest, please contact your CPCE Administrative Advisor or visit www.rowan.edu/cpce. (Transfer policies for each graduate degree program administered through CPCE are included in the program Detail Sheet.)

Any individual requesting transfer credit must complete this form in full and attach any related college transcripts and syllabi that include course descriptions. (Official transcript(s) from all colleges attended is an admission/application requirement for every Rowan degree/certificate/certification program. As long as all official transcripts are included with the application, an unofficial copy of the transcript(s) that relate to any requested transfer credits may be attached to this form.)

This form must be returned with your application materials to: Rowan University, Director of Academic Services, the College of Professional & Continuing Education (CPCE), Education Hall, 201 Mullica Hill Road, Glassboro, NJ 08028. FAX: 856-256-5638.

Student Name: _____ Rowan (Banner) ID: _____
Street Address: _____ Home Phone: _____
City, State and Zip: _____ Cell Phone: _____
Email Address: _____ Graduate Program: _____
Date of Request: _____

The above named student has requested that the following course(s) be applied to his/her graduate program:

Course Title: _____ Course # (if applicable): _____ # of Credits: _____
Institution: _____ Semester/Year: _____ Grade Received: _____
Title & CRS # of Rowan U course for which you believe this course will substitute: _____
[] Transcript showing course above attached? [] Syllabus for course above attached?

Course Title: _____ Course # (if applicable): _____ # of Credits: _____
Institution: _____ Semester/Year: _____ Grade Received: _____
Title & CRS # of Rowan U course for which you believe this course will substitute: _____
[] Transcript showing course above attached? [] Syllabus for course above attached?

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Title & CRS # of Rowan U course for which you believe this course will substitute: _____
[] Transcript showing course above attached? [] Syllabus for course above attached?

APPROVALS:

Program Advisor _____ Date _____ Approved? [] Yes [] No
Department Chair _____ Date _____ Approved? [] Yes [] No
Dean of College in which the course is housed _____ Date _____ Approved? [] Yes [] No
Dean of CPCE _____ Date _____ Approved? [] Yes [] No