



PLEASE RETURN THIS COMPLETED FORM TO THE GRADUATE SCHOOL IN MEMORIAL HALL
THE GRADUATE SCHOOL WILL FORWARD FOR SIGNATURES.



**REQUEST TO ACCEPT TRANSFER GRADUATE CREDITS
 from another institution and/or
 TO APPLY GRADUATE COURSE(S) BEYOND THE 10 YEAR LIMIT**

Existing University policy indicates that "a maximum of twelve semester hours in graduate credit from another accredited college or university may be applied toward the required program credits. However, these courses must be approved by the program advisor, department chairperson, and dean of The Graduate School." Courses with grades of "B" or better are eligible for transfer (**B- and Pass are not acceptable**). Existing University policy further indicates that "only graduate courses completed within the 10 years prior to acceptance into the program will be applicable to the program requirements."

Permission is requested to: apply transfer credits to a Rowan University graduate program
 accept credit beyond the 10 year limit

Applicant must attach transcript and reason(s) for request to this form.

Name of Student: _____
Street Address: _____ **City & Zip** _____
Banner I.D. # _____ **Social Security Number:** _____
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 No. (if applicable): _____ **No. of Credits** _____
Institution: _____
Semester/Year: _____ **Grade Received** _____
Title and course number of Rowan University course for which this course will substitute: _____

Course Title: _____
Course No. (if applicable): _____ **No. of Credits** _____
Institution: _____
Semester/Year: _____ **Grade Received** _____
Title and course number of Rowan University course for which this course will substitute: _____

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Course Title: _____
Course No. (if applicable): _____ **No. of Credits** _____
Institution: _____
Semester/Year: _____ **Grade Received** _____
Title and course number of Rowan University course for which this course will substitute: _____

ACTION BY:

x _____	_____	_____	_____
Program Advisor	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	(Date)
Department Chairperson	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	(Date)
College Dean	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	(Date)
Director of The Graduate School	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	(Date)