* **PLEASE RETURN THIS COMPLETED FORM TO THE GRADUATE SCHOOL IN MEMORIAL HALL** *

THE GRADUATE SCHOOL WILL FORWARD FOR SIGNATURES.

Post-Baccalaureate Transfer Credit Evaluation Form

The Graduate Catalog includes the following Rowan University graduate policy regarding transfer credit. "A maximum of six semester hours can be applied to a certificate or certification** program, provided the grade for each course is at least a B* (3.0) and has been earned within the last 10 years." Any request for transfer credit must be approved by The Graduate School and the Academic Program Advisor.

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

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 certificate/certification program. As long as all official transcripts were 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 to: Rowan University, The Graduate School, Memorial Hall, 201 Mullica Hill Road, Glassboro, NJ 08028. FAX: 856-256-4436.

Permission is requested to: _____ apply transfer credits to a Rowan University Post-Baccalaureate undergraduate program

Applicant must attach transcript, syllabi with course description, and reason(s) for request to this form.

Name of Student: _____ **Rowan (Banner) I.D. #** _____
Street Address: _____ **City, State & Zip** _____
Home Phone: _____ **Cell Phone:** _____ **Email Address:** _____
Post-Baccalaureate Program: _____ **Date of Request:** _____

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

Course Title: _____
Course # (if applicable): _____ # of Credits: _____
Institution: _____ Semester/Year: _____ Grade Received: _____
Title & course # of Rowan University course for which this course will substitute: _____

Course Title: _____
Course # (if applicable): _____ # of Credits: _____
Institution: _____ Semester/Year: _____ Grade Received: _____
Title & course # of Rowan University course for which this course will substitute: _____

Course Title: _____
Course # (if applicable): _____ # of Credits: _____
Institution: _____ Semester/Year: _____ Grade Received: _____
Title & course # of Rowan University course for which this course will substitute: _____

APPROVALS:

_____

Academic Program Advisor* **_____Approved** **_____Not Approved** **(Date)**

_____

The Graduate School **_____Approved** **_____Not Approved** **(Date)**

***Please return this form to The Graduate School and we will forward to the Registrar's Office to be processed.**

Original: **Registrar's Office**
Copy: **Student**
The Graduate School
Academic Program Advisor