

### Supplemental Transfer Credit Approval Form

Name: \_\_\_\_\_ DePaul ID number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Transfer Institution Offering Credit: \_\_\_\_\_

Start & End Dates of Courses (MM/YY – MM/YY): \_\_\_\_\_

**List transfer courses below:** (attach a copy of the course syllabus or a detailed course description for each course that is not listed on the [Transfer Course List](#) in order for the course(s) to be reviewed by the Transfer Articulation Center)

To be completed by student				For Office Use Only		
	Course Number	Transfer Institution Course Title	Transfer Credit Hours	DePaul Course Number	DePaul Equivalent Course Title	DePaul Credit Hours
EX.	PSYCH 101	General Psychology I	4 semester			
1						
				DPR Placement:		
2						
				DPR Placement:		
3						
				DPR Placement:		
4						
				DPR Placement:		
5						
				DPR Placement:		
6						
				DPR Placement:		
7						
				DPR Placement:		

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to [CSHAdvising@depaul.edu](mailto:CSHAdvising@depaul.edu)

By submitting this form, you acknowledge and agree to the terms of the transfer credit approval process listed on the website.

\*Academic Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Students seeking to obtain a [residency requirement waiver](#) are expected to consult with their advisor before beginning the waiver request process. Their signature is only required if you are going through the exceptions process.*