

## Graduate Transfer Credit Approval Request Form

### Instructions:

- Graduate students in the College of Science and Health (CSH) complete one form for each transfer course request and attach a copy of the syllabus from the external college or university.
- To ensure the form is **complete** before you submit it to the OASS, please be sure to secure approval from your program director. His/her approval is **required** for any transfer course to be considered applicable towards your graduate degree. Please request that he/she review this form and syllabus for the transfer course. If he/she approves the transfer course, then please have him/her sign and date the appropriate area at the bottom **before** you submit this form and syllabus to the (OASS).
- Return this **completed** form (print or type) and syllabus to the CSH Office of Advising and Student Services (OASS address listed above). **An incomplete form will not be processed.**
- The OASS will seek approval, on your behalf, from the associate dean for graduate studies who is the final approver – as noted below. You will be notified of his/her decision about application of transfer credit via an email from [CSHAdvising@depaul.edu](mailto:CSHAdvising@depaul.edu)
- For credit to be awarded, you must submit an official transcript from the external institution to **DePaul University – Office of Graduate Admission – Attn: College of Science and Health – 2400 N Sheffield Ave. Chicago, IL 60614** or via email to [GradDePaul@depaul.edu](mailto:GradDePaul@depaul.edu) if it has not already been submitted as part of your original admission application.

### PLEASE NOTE:

- Credits applied toward any another degree from any institution will **not** be accepted towards your DePaul CSH graduate degree.
- Check your graduate program’s student handbook for the maximum number of courses which might be accepted from another program or institution – the approving program director and/or associate dean has the right to accept fewer than what is published in the graduate program’s student handbook or no courses at all.

**Name:** \_\_\_\_\_ **DePaul ID#:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Program:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Daytime Phone #:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

List the transfer course – that you wish to apply toward a DePaul graduate degree (1 semester hour = 1.5 quarter hours) – and its DePaul equivalent. Please complete one form for each course you are requesting. **IMPORTANT NOTE: CREDIT WILL NOT BE GRANTED FOR COURSES NOT APPROVED ON THIS FORM! THE COLLEGE OF SCIENCE AND HEALTH MUST APPROVE ANY CHANGES!**

**External College or University issuing credit(s):**  
 City \_\_\_\_\_ State \_\_\_\_\_

**Course Title and Number:** \_\_\_\_\_ **Requested DePaul Equivalent Course:** \_\_\_\_\_  
*I hereby confirm that the coursework indicated above did not apply toward a previously earned degree.*

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

For Office Use Only	
Granted <input type="checkbox"/> Denied <input type="checkbox"/>	DePaul Equivalent Course: _____
Program Director Signature _____	Date: _____
Associate Dean Signature _____	Date: _____