



Office of the Dean • Graduate School-Newark
University Heights • Newark • New Jersey 07102-1801 • USA
Tel. 973/353-5834 • Fax 973/353-1191

Application for Transfer of Academic Credit/Professional Experience

INSTRUCTIONS: Complete this application form and submit it to your graduate program director, include either an official transcript or statement of professional experience.

PLEASE NOTE REQUIREMENTS OF TRANSFER: 1) unconditional admission; 2) a minimum of 12 credits of "B" or better grades at the Graduate School-Newark; 3) official transcript(s) of courses to be transferred; 4) transfer courses must be graduate level, "B" grade or better, and many not include work for a thesis, independent study, research or non graded course work; 5) transfer courses should have been taken within the past 6 years; 6) a maximum of 40% of your total required course work is transferable.

TO BE COMPLETED BY STUDENT:

Name _____ ID # _____ Date _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Date of Admission _____

Graduate Program _____ Degree Sought _____ No. Credits Completed GS-N _____

TRANSFER OF CREDIT (if additional space is needed, please attach sheet)

Table with 6 columns: UNIVERSITY, COURSE TITLE, COURSE NO., TERM TAKEN, CREDITS, GRADE. Multiple rows for data entry.

PROFESSIONAL EXPERIENCE _____ no. of credits (please attach statement)

TO BE COMPLETED BY PROGRAM DIRECTOR AND FORWARDED TO THE OFFICE OF THE DEAN FOR FINAL APPROVAL.

I have reviewed the request and recommend the transfer of _____ credit (s) of _____ coursework _____ professional experience.

Graduate Program Director _____ Date _____

TO BE COMPLETED BY DEAN:

I _____ approve _____ do not approve the transfer of _____ credit(s).

Graduate Dean _____ Date _____

FOR DEAN'S OFFICE USE ONLY:

_____ matric. _____ comp. rec. _____ GPA _____ no. cr transferable _____ no. cr. prev.trans.

(For MPA & Nursing, please indicate whether under the old or new curriculum)