

GRADUATE TRANSFER CREDIT PETITION

POLICY: The Graduate Transfer Credit Petition provides an opportunity to present credit hours earned at another institution for transfer credit consideration. Certificate programs do not permit transfer credit. The application deadline for transfer is the end of the student's first semester/second term of enrollment. Requests for transfer credit are evaluated by the academic department. A course approved for transfer credit will appear on the student's Chicago School transcript. A fee of \$135.00 is charged for **each credit hour** accepted for transfer. See The Chicago School Student Handbook for more information.

STUDENT INSTRUCTIONS:

1. Complete this form in its entirety.
2. Attach a transcript (if not on file) and a course syllabus for the listed course. Submit this form with attachments via email to transfercredit@thechicagoschool.edu.

STUDENT NAME: _____ **STUDENT ID#:** _____

E-MAIL: _____ **PHONE#:** _____ **CAMPUS:** _____

TERM/YEAR: _____ **DEGREE LEVEL:** _____ **PROGRAM:** _____

INSTITUTION ATTENDED: _____ **LOCATION(CITY/STATE):** _____

TRANSFER COURSE INFORMATION

Course Code	Course Title	Credit Hours	Semester/Year Completed	Grade Earned	Select One: S: Semester Credit Q: Quarter Credit
					<input type="checkbox"/> S <input type="checkbox"/> Q

EQUIVALENT CHICAGO SCHOOL COURSE INFORMATION

Course Code	Course Title	Credit Hours	Select One: TR: Transfer Credit	Select One: C: Core or E: Elective
			<input type="checkbox"/> TR	<input type="checkbox"/> C <input type="checkbox"/> E

Is an Official Transcript on File? Yes No (If no, send the official transcript directly to Admission Operations.)

Course syllabus attached? Yes (Petition will not be processed without course syllabus)

STUDENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

PRESCREENING – Office of the Registrar	Yes/No	Comments
Credit hours earned at an institutionally accredited institution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program/institution has Articulation/Service Agreement/MOU with The Chicago School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Semester credit hours earned match or exceed The Chicago School requirement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Course at or above equivalent degree level	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit hours are no more than 7 calendar years old (Psy.D. Clinical Psych maximum is 5 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grade earned is B- or higher	<input type="checkbox"/> Yes <input type="checkbox"/> No	
The course has not been completed at The Chicago School	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Not a regression course	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DEPARTMENT CHAIR/DESIGNEE REVIEW

Approved Denied **COMMENTS:** _____

Signature: _____ Date: _____

REGISTRAR REVIEW

Credit Posted: Approved Denied Total # of Transfer Credits: _____ Revised Grad Date: _____

Comment: _____ Signature: _____ Date: _____

STUDENT ACCOUNTS

Transfer Credit Fee: \$ _____ No Fee required – Other: _____ Fee Posted: Yes No

Student Accounts Advisor Signature: _____ Date: _____