



GRADUATE TRANSFER CREDIT/COURSE WAIVER PETITION

POLICY: The Graduate Transfer Credit/Course Waiver Petition provides an opportunity to present credit hours earned at another institution considered for the purposes of the TCSP degree program. Certificate programs do not permit transfer credit or course waiver. The Psy.D. in Clinical Psychology programs at Chicago, Los Angeles, XULA, and Washington, D. C. allow transfer credit but do not permit course waiver. The application deadline for transfer and waiver, where available, is the end of the student's first semester/second term of enrollment. Requests for transfer credit and course waiver are evaluated by the academic department. A course approved for transfer credit or course waiver will appear on the TCSP transcript. A fee is charged for each credit hour accepted for transfer. See the TCSP 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 to the Office of the Registrar:

Email: TCSPRegistrar@thechicagoschool.edu or Fax: 312.757.7013

STUDENT NAME: _____ STUDENT ID#: _____

TCSP E-MAIL: _____ PHONE#: _____ DATE OF PETITION: _____

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

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

TRANSFER/WAIVER 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 TCSP COURSE INFORMATION

Course Code	Course Title	Credit Hours	Select One: TR: Transfer Credit WA: Course Waiver	Select One: C: Core or E: Elective
			<input type="checkbox"/> TR <input type="checkbox"/> WA	<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 regionally-accredited institution	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Program/institution has Articulation/Service Agreement/MOU with TCSP	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Semester credit hours earned matches or exceeds TCSP 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 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	
Course has not been completed at TCSP	<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: Transfer Credit Course Waiver Denied Total # of Transfer Credits/Course Waiver: _____ Revised Grad Date: _____

Comment: _____ Signature: _____ Date: _____

STUDENT ACCOUNTS

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

Student Accounts Advisor Signature: _____ Date: _____