STOCKTON UNIVERSITY | GRADUATE STUDIES

GRADUATE TRANSFER EQUIVALENCY FORM

Please note: This form is to be used for program approval of transfer course equivalencies or waiver of specific request only in cases where no standard equivalency has been established. One institution per form. Type or print using a ballpoint pen. Please make sure to include all requested information.

Name:	Z#:
Graduate Program:	Matriculated Term:
Name of Institution and State where course(s) was taken:	
Course(s) Number & Title:	Grade Achieved in Course (no less than a "B"):
Description of course(s) from previous college's catalog. (Attach as many sheets of information as necessary including, transcripts, syllabus, name/author of text, etc…)	

Each program determines whether, to what extent, and under what conditions credits for courses taken at other regionally accredited institutions may be applied to degree requirements. The University sets an upper limit of 9 such credits. Transfer credit requests should be submitted at the time of application. Any other supporting material to complete any transfer requests should be submitted to the student's advisor for prior approval, no later than the first semester following admission to the program. All transcript evaluations are conducted by the individual graduate program. Matriculated students who are accepted for graduate work at Stockton University are expected to complete all remaining course work at the University. Note: Transfer credits will only be considered once.

Matriculated students may not take courses elsewhere for transfer credit without specific prior approval by the Graduate Program Director and the Dean of the School housing the graduate program (in consultation with the Director of Graduate Studies). If permission is granted, in order to accept the credits as transfer, the grade must be no less than a "B". Permission will not be granted to take courses at another regionally accredited institution if the student has already reached the maximum for transfer credits in the respective program or if the Stockton graduate program offers the course.

_____ _____

Student Signature Date

INFORMATION BELOW TO BE COMPLETED BY PRECEPTOR OR PROGRAM DIRECTOR

1. This course is to be used as (Please Check One):
   - ☐ The equivalent of _____ at Stockton University.
   - ☐ A track elective in _____.
   - ☐ A core elective in _____.

2. Number of credit(s) awarded: _____
3. Comments:

   _____

   _____.

APPROVED	DISAPPROVED	SIGNATURES	
☐	☐	_____ PRECEPTOR	_____ DATE
☐	☐	_____ GRADUATE PROGRAM DIRECTOR	_____ DATE
☐	☐	_____ DIRECTOR OF GRADUATE STUDIES	_____ DATE

RECEIVED BY: _____ _____

DATE

Stockton is an equal opportunity institution encouraging a diverse pool of applicants.
Cc: Office of the Registrar Cc: Office of Financial Aid

After the required signatures have been obtained, please return this form to the Office of Graduate Studies, F101 or fax to 609-626-6050.

Rev 2/4/16