APPLICATION TO TRANSFER GRADUATE COURSE WORK

A maximum of six units of graduate credit towards a 30-45 unit master’s program or nine semester units of graduate credit toward a 50-53 unit master’s program may be transferred from other accredited institutions at the discretion of the department chair/program director/advisor. The student must earn a 3.0 or higher in each course. No continuing education or workshop units may be transferred. Units for research courses and research projects are not transferrable. Transferred units must have been earned within the seven-year period prior to date on which the NDNU master’s degree is awarded.

A student who wishes to take a course at another accredited institution after the student has been accepted to a graduate program at NDNU must have the course approved in writing by his/her department chair/program director/advisor before registering. The transfer course form must be completed before the course is taken. All transferred units must be within the seven-year limit of the master’s degree. A student cannot clear Probationary status through transfer units. Career experience cannot be substituted for graduate coursework.

Department Chair/Program Director/Advisor must submit the form to the Registrar’s Office.

ID #: __________________________

Student Name: (L) _______________________________________ (F) _________________________________________

TRANSFER IN:

COURSE NUMBER: ______________ TITLE: ______________________________________________________________

UNITS: ______________ SEMESTER/YEAR: ____________________________

ACCREDITED INSTITUTION: ____________________________________________________________

APPLY TOWARDS:

NDNU COURSE REQUIREMENT: ______________________________________________________________

(Course Number and Title)

OR

_____ ELECTIVE CREDIT

I understand that I must provide the Registrar’s Office with a course description and official transcripts.

Student Signature: __________________________________________ Date: ____________________________

Department Chair/Program Director/Advisor Signature: ____________________________ Date: __________

Registrar’s Office Use:

As a result of transfer, new degree deadline will be:

Date: __________________ Units Granted: _________ Registrar’s Office: __________________________

10/17/11