

Transfer Course Approval (Graduate)

Used to obtain prior written approval of graduate level transfer courses, within the limit allowed per program.

NDNU ID #

Last Name

First Name

Middle Name

Program

Advisor

Procedure

1. The transfer course approval form must be completed and submitted to the Office of the Registrar before the course is taken.
2. Student must provide the Office of the Registrar with a course description.
3. The Department Chair / Program Director / Advisor must submit the form to the Office of the Registrar.

Policy

1. 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. Transferred units must have been earned within the seven-year period prior to date on which the NDNU master's degree is awarded.
2. 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. 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.
3. The following course types are not transferable: continuing education, workshop, research courses and research projects.

Specific Courses Requested

Transfer Institution Name				Institutional or Program Accreditation at the time the course was taken:		
1	Dept Code	Dept Name (in full)	Course #	Course Title	Term/Yr	# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.
	Type of credit requested <input type="checkbox"/> NDNU Course Requirement <input type="checkbox"/> Elective		NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units Sem.
2	Dept Code	Dept Name (in full)	Course #	Course Title	Term/Yr	# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.
	Type of credit requested <input type="checkbox"/> NDNU Course Requirement <input type="checkbox"/> Elective		NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units Sem.
3	Dept Code	Dept Name (in full)	Course #	Course Title	Term/Yr	# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.
	Type of credit requested <input type="checkbox"/> NDNU Course Requirement <input type="checkbox"/> Elective		NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units Sem.
4	Dept Code	Dept Name (in full)	Course #	Course Title	Term/Yr	# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.
	Type of credit requested <input type="checkbox"/> NDNU Course Requirement <input type="checkbox"/> Elective		NDNU Crs #	NDNU Course Title, for which credit will be evaluated		# of Units <input type="checkbox"/> Sem. <input type="checkbox"/> Qtr.

Student Signature

Date

Dept Chair/Program Director/Advisor Signature

Date