## **Transfer Course Approval (Graduate)**



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

Type of credit requested   NDNU Course Title, for which credit will be evaluated   # of Units      Dept Code   Dept Name (in full)   Course #   Course Title	Osca to obtain pr	ioi written approvare	or graduate leve	i transier e	ourses, within the limit allowed per program.	FICE OF TH	E REGISTRAI
Procedure	NDNU ID #						
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 tow 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. Transfer du units make been care 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 prograf at NDNU must have the course approved in writing by his/her department chair/program director/advisor before registering, transferred 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	Last Name				First Name	Midd	le Name
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New degree deadline Units granted Registrar's Office Signature Date Processed Form Updated 7/24/2017

Date

Student Signature

Dept Chair/Program Director/Advisor Signature

Date