Please complete and return this form to the Office of the Registrar – Evaluations, 1001 Rogers Street, Columbia, Missouri 65216. You can also submit this form to your local campus.

Complete this form to request permission to transfer coursework from another institution to a Columbia College Graduate Studies program.

GUIDELINES

- Petitions for consideration of transfer credit must be made prior to the successful completion of 12 hours of graduate coursework at Columbia College.
- Columbia College will accept a maximum of 9 semester hours in transfer coursework.
- Coursework must be earned with a grade of “B” or higher.
- Credit must have been earned within the last seven years.
- Credit must have been earned at a regionally accredited institution.
- If a student is currently pursuing a master’s degree at Columbia College, he or she must seek written approval from the main campus graduate academic program director before enrolling in a class to transfer to the master’s program.

- In addition to an official transcript, the following materials are required for transfer credit to be evaluated by the main campus graduate academic program director:
  - Complete Graduate Transfer Credit Request Form (second page)
  - Detailed course description
  - Course syllabi

A member of the Office of the Registrar’s Evaluations Team will notify the student and the student’s campus of the academic department’s decision regarding transfer credit approval.
Graduate Transfer Credit Request

Student Information

Last: __________________________ First: __________________________ E-mail: __________________________

Current Degree Program: _____________________________________________________________

Campus/Location(s) attending: ☐ Day ☐ Evening ☐ Nationwide (specify location): __________________________

Transfer Equivalency Information

Transfer Institution(s):

____________________________________________________________________________________
____________________________________________________________________________________

<table>
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<tr>
<th>Transfer course title</th>
<th>Completion Date</th>
<th>Grade</th>
<th>Credits</th>
<th>Proposed Columbia College Equivalency</th>
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☐ Course description for each course attached (required)
☐ Syllabus for each course attached (required)

Additional information:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Student Signature: __________________________ Date: __________________________

Office of the Registrar only

Program Admit Status: __________________________
Date Received: __________________________

☐ Approved  ☐ Denied  ☐ Other

____________________________________________________________________________________
____________________________________________________________________________________
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____________________________________________________________________________________
____________________________________________________________________________________

Signature: __________________________ Date: __________________________

Office of the Registrar, January 2014