



DEPAUL UNIVERSITY

COLLEGE OF COMMUNICATION

TRANSFER OF CREDIT REQUEST FORM

INSTRUCTIONS:

This form is to be used to request that academic credit earned at another institution be transferred to DePaul University for fulfillment of graduate degree requirements. Submit **one form for each course** requested for transfer, along with **an official copy of the transcript from the college or university where the course(s) were taken and a course description or syllabus**, to the graduate advisor. The graduate advisor will review your request and determine whether the course(s) may be applied toward your degree and, if so, what the DePaul equivalent course(s) would be. If approved by both the graduate program director and the associate dean, the Office of Student Records will post the credit to your official academic records. Only courses with earned grades of B or better will be considered.

A maximum of three courses may be requested for transfer, and any credit accepted applies only to the degree program indicated below. If you reclassify to another degree program, the transfer credit may or may not be counted toward your degree. Therefore, upon reclassification, a copy of this form must accompany the reclassification request for approval or disapproval of the transfer credit for use in the new program. **Credit that was earned at another institution and that was counted toward a previous degree cannot be transferred to DePaul University.**

PERSONAL INFORMATION

QUARTER/YEAR _____ ACADEMIC PROGRAM _____
 LAST NAME _____ FIRST _____ STUDENT ID# _____
 ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP _____ EMAIL: _____

TRANSFER INFORMATION

NAME OF COLLEGE OR UNIVERSITY AT WHICH COURSE WAS TAKEN:

COURSE TITLE AND NUMBER: _____

I hereby confirm that the coursework indicated above did not apply toward a previously earned degree.

STUDENT SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

DEPAUL EQUIVALENT COURSE: _____ REQUEST GRANTED _____
 REQUEST DENIED _____
 GRADUATE PROGRAM DIRECTOR SIGNATURE _____ DATE _____
 ASSOCIATE DEAN SIGNATURE _____ DATE _____