Transfer of Credit Policy

Please read the information below before submitting requests for transfer credit.

Students accepted for admission may be granted transfer credit for graduate level courses previously taken at another accredited institution. A maximum of twelve (12) credit hours may be transferred into a M.A. program and a maximum of twenty-four (24) credit hours may be transferred into the Psy.D. program.

Eligibility

Graduate courses from regionally accredited institutions that are equivalent to courses required in the students’ degree program at Adler School and in which students have earned grades of “B” or better may be considered for transfer credit.

Electives and clinical or community service training credits are not eligible for transfer credit. Coursework taken more than five years prior to enrollment will not be accepted for transfer credit. Credit hours granted for transferred courses are based on credit hours granted for the equivalent course at Adler School. All requests for transfer credit must be completed by the end of a student’s first term in their program.

Processing Fee & Processing Time

A Transfer Credit Processing Fee of $150 is assessed for each course evaluated for transfer credit eligibility (whether approved or denied). The processing time for this request requires approximately 30 business days. If the Transfer Credit Request is approved, the Office of the Registrar will update the student’s academic record within five business days of receipt from the Advisor or Program Director. The student copy of the approval or denial will be placed in the student’s mailbox or mailed to the student’s address on record.

Directions

Please complete Section I on the attached form and return it to the Office of the Registrar with the following documents:

- Official Transcript
- Course Syllabus
- Payment

Your request will not be accepted by the Office of the Registrar unless Section I is complete and all required documents are included together. Please note the required documents mentioned above will not be returned, so please do not submit originals and make copies for your records.
Transfer of Credit Request

Please complete Section I of this form and return it to the Office of the Registrar with a copy of your official transcript, course syllabus, and payment. Your request will not be accepted by the Office of the Registrar unless Section I is complete and all required documents are included together. It is important for you to know that these documents will not be returned, so please do not submit originals and make copies for your records. The transfer credit processing fee is $150 for each course (whether approved or denied).

Section I: To Be Completed by the Student (PLEASE PRINT)

Last Name: ___________________________ First Name: ___________________________ Date: ________________
SSN/Student ID: ___________________________ Advisor: ___________________________
Degree Sought: □ M.A. □ Psy.D. Program: ________________________ Entry Year: ________________
Requesting Transfer of (Adler course title): ___________________________ Course Number: ________________
Title of Course Taken at Other Institution: ___________________________ Course Number: ________________
Institution at Which Course was Taken: ___________________________
Year Taken: ________________ Course Start Date: __________________ Course End Date: ________________
Course Level: □ Master □ Doctoral Units: □ Semester □ Trimester □ Quarter
Grade Received: _______ Number of Credits Earned: _______ Method of Payment: □ Credit Card □ Check
Signature: ____________________________________________________________ Date: ________________

By signing this document, I understand that I am requesting to transfer credits from another accredited institution to the Adler School of Professional Psychology. In addition, I have read and understood the school’s Transfer Credit Policy. I also understand that I am responsible for the Transfer Credit Processing Fee of $150 for each course evaluated for transfer credit eligibility. I further understand that I will be charged this fee regardless of being approved or denied by the Faculty Reviewers below.

Section II: Faculty Advisor Recommendation Review

☐ APPROVED  ☐ DENIED  Date Received: ___________________________
Faculty Printed Name: _____________________________________________
Signature: __________________________________________________________
Comments: ____________________________________________________________________

Section III: Program Director Final Review

☐ APPROVED  ☐ DENIED  Date Received: ___________________________
Faculty Printed Name: _____________________________________________
Signature: __________________________________________________________
Comments: ____________________________________________________________________

FOR THE OFFICE OF THE REGISTRAR  USE ONLY

Date Received/Initials: ___________________________ Date to Adv or PD/Initials: ___________________________
Date Back from PD or Adv/Initials: ___________________________ Date Processed/Initials: ___________________________
Date Notified/Initials: ___________________________
Credit Card Payment Authorization

Date: __________________________   ID #: ____________________________

Name: ______________________________________________________________________

Day Phone #:___________________     Evening Phone #:__________________________

I hereby provide/authorize payment in the amount of:   $____________ . _____
(If amount is left blank, form will not be processed)

☐ Visa ☐ Master Card ☐ Amex ☐ Discover

Card # ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Security Code ___ ___ ___ ___     Exp. Date: _______/_______
(month) (year)

Card Billing Street Address and Zip/Postal Code
(Example: 12345 Any Street, 60601 – This is the address associated with the card, not the student)

____________________________________

Signature: ______________________________________________________________________

Cardholder name: ______________________________________________________________________
(Please print name exactly as it appears on card)

*Please ensure that this form is completed in full. Missing/incorrect information may result in processing delays. Payment is considered "received" only once a fully completed form has been processed. This payment form is NOT FOR TUITION PAYMENTS. Tuition payments received by this form will not be accepted and student accounts will be considered late.

Please check one:

☐ PsyD Deposit Start Term: _____________ ☐ Transfer Credit Fee
☐ MA Deposit Start Term: _____________ ☐ Application Fee
☐ Other: ______________________________________________________________________ ☐ Transcript Fee

Received by (staff/work study name): ________________