



## Transfer of Credit Policy PsyD Program – Vancouver Campus

*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 twenty-four (24) credit hours may be transferred into the PsyD program. Students interested in requesting Transfer Credit are required to do so upon acceptance into the program and payment of admission deposit. Transfer of Credit requests submitted after the beginning of the program will not be accepted.

### **Eligibility**

Graduate courses from regionally accredited institutions that are equivalent to courses required in the PsyD program at Adler University 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 University. 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 Program Coordinator with the following documents:

- Official Transcript
- Course Syllabus
- Payment / Credit Card Payment Authorization Form

Your request will not be accepted by the Program Coordinator 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

## PSYD Program – Vancouver Campus

Please complete Section I of this form and return it to the Program Coordinator with a copy of your official transcript, course syllabus, and payment form. Your request will not be accepted by the Program Coordinator 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: \_\_\_\_\_ 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 Adler University. 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 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 Vancouver Campus

Date: \_\_\_\_\_ ID #: \_\_\_\_\_

Name: \_\_\_\_\_

Day Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

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

Visa  Master Card  Amex

Card # \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ Security Code (CVV): \_\_\_\_\_  
*(month) (year)*

Card Billing Street Address and 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:**

- Transfer Credit Fee  
 Other: \_\_\_\_\_

Received by (staff/work study name): \_\_\_\_\_