



Transfer Credit Policy – Chicago Campus

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

A student accepted for admission may be granted transfer credit for graduate-level courses previously taken at another accredited institution within the last five years. Upon enrollment into a degree program, a review of the student's unique academic history will occur, and a determination about granting transfer credit will be made at the discretion of the University. Requesting transfer credit is an extensive process that involves a review of previous academic work, including syllabi and grades earned. It is Adler University policy that transfer credit must be requested with all supporting documentation received by the end of the second semester of enrollment.

Transfer of credit is subject to the following conditions:

- **Transferred course credit is restricted to graduate-level courses from recognized and regionally accredited degree-granting institutions**
- **Completed course matches 80 percent of the content of the course requirement**
- **Number of credits earned for the completed course matches or exceeds number of credit hours for the requested course**
- **Transfer of credit is not granted for practicum or internship**
- **Transfer of credit is granted only for courses in which the grade earned was a B or higher. Pass/fail or credit/no credit courses are ineligible.**
- **No credit will be transferred for coursework that is more than five years old**

A maximum of 12 credit hours from other accredited institutions may be transferred into a master's program; a maximum of 24 credit hours may be transferred into Adler University doctoral programs. Students will be charged a transfer of credit fee for each course evaluated for transfer consideration. Please reference the current "Tuition and Fees" schedule for the transfer credit evaluation fee. The schedule is available in the University's catalog (under Chicago campus and Tuition and Fees), <https://catalog.adler.edu>.

Processing Fee & Processing Time

The transfer credit evaluation fee is assessed for each course evaluated for transfer credit eligibility (whether approved or denied). Your requests for transfer credit are reviewed by your Advisor and/or Department Chair/Program Director. **The review 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 thirty (30) business days of receipt of all required documentation. Please connect with your Department Chair/Program Director if you have questions regarding the status of your request.** Student Accounts, studentaccounts@adler.edu, will add the fee to your account. Payment is made through Self-Service.

SUBMISSION INSTRUCTIONS:

New students submitting before the first day of their first term in their current degree program: Please complete **Section I** of the attached form and submit to your Admissions Counselor with the following documents: (1) official or unofficial transcript and (2) course syllabus. The fee is payable through Self-Service. Student Accounts, studentaccounts@adler.edu, will add the amount to your student account and you will pay through Self-Service once the Office of the Registrar is in receipt of all documentation.

Students submitting on or after the first day of their first term: Please complete **Section I** of the attached form and submit to your Department Chair/Program Director: (1) official or unofficial transcript and (2) course syllabus. The fee is payable through Self-Service. Student Accounts, studentaccounts@adler.edu, will add the amount to your student account and you will pay through Self-Service once the Office of the Registrar is in receipt of all documentation.

NOTE: transfer credit must be requested with all supporting documentation received by the end of your second semester of enrollment. Please note the required documents mentioned above will not be returned, so please do not submit originals and make copies for your records.

Transfer Credit Request

Please complete Section I of this form. Your request will not be accepted unless Section I is complete and all required documents are included together. *It is important for you to know these documents will not be returned, so please do not submit originals and make copies for your records.* The transfer credit evaluation fee is assessed for each course (whether approved or denied). This form needs to be completed for each course you wish to have assessed. Please see the "Submission Instructions" on the previous page.

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

Last Name: _____ First Name: _____ Date: _____
 Last 4 of SSN/Student ID: _____ Advisor: _____

Degree Sought: M.A. Doctoral 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

If enrolled in the PsyD program, does the instructor who taught this course have a doctoral degree?:

YES (if 'YES' syllabi needs to indicate such) NO (if "NO" the course is not eligible for transfer credit)

Grade Received: _____ Number of Credits Earned: _____

Signature: _____

Date: _____

By signing this document, I understand I am requesting to transfer credits from another accredited institution to Adler University. In addition, I have read and understand the university's Transfer Credit Policy. I also understand I am responsible for the Transfer Credit Processing Fee (see Tuition and Fee Schedule in the catalog, catalog.adler.edu) for each course evaluated for transfer credit eligibility. I further understand 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: _____ Date: _____

Comments: _____

Section III: Chair/Program Director Final Review – *Please return to the Registrar's Office (please do not put in mailbox)*

APPROVED DENIED Date Received: _____

Faculty Printed Name: _____

Signature: _____ Date: _____

Comments: _____

OFFICE OF THE REGISTRAR USE ONLY

Date Received/Initials:	Date to Adv or DC/PD/Initials:	Date Back from PD/DC or Adv/Initials:	Date Processed/Initials:	Date Notified/Initials:
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