



Transfer of Credit Policy

Master Programs – 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 twelve (12) credit hours may be transferred into a M.A. program.

Eligibility

Graduate courses from regionally accredited institutions that are equivalent to courses required in the students' degree 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

Master Programs – Vancouver Campus

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.
 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 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 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 Vancouver Campus

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

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): _____