

Office of the Registrar/ One Stop Service Center: Center for Academic Success Bldg, 1st floor 908-737-3290 Fax: 908-737-3299

regme@kean.edu

## Transfer of Credit Request

This request should be submitted if you wish to have graduate credits taken at another college or university to be used towards your graduate degree at Kean University. The following conditions must be met:

- A maximum of six credits may be transferred providing the course(s) are applicable to the program to which it is being applied -and-
- Is approved by the program coordinator -and-
- The grade is "B" or better -and-
- The course(s) fall within the six year time limit requirement for completion of programs.

No course may be transferred unless documented on an official transcript from the college or university at which the course was taken. Courses applied towards a previous degree may not be credited towards another degree.

Name Program Preferred Contact Phone #											
						Course(s) Requested to be	e transferred:				
						Course Title		College/University		Semester/Year	Grade/Credits
2		College/University		_							
Course Title  Recommended Kean Univ	versity Equivaler			Semester/Year  Coordinator)	Grade/Credits						
. Course Number	Course Title			Credits							
Course Number	 Course Title			 Credits							
Comments											
Program Coordinator	· AN		 Date								
PU.	nt Name		Date								
— Sic	gnature										

## To be completed by the Office of the Registrar

Student's Name		ID #		
College Univers	sity	Semester Completed		
Number of Cred	Total Credits Transferred (including previous)			
Approved by:		Date		
To be complete	ed by the Office of the	 ne Registrar:		
Initial	Date	Transfer Grade		