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Please complete and return this form to the Office of the Registrar – Evaluations, 1001 Rogers Street, Columbia, Missouri 65216. You can also submit this form to your local campus.

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Complete this form to request permission to transfer coursework from another institution to a Columbia College Graduate Studies program.

**GUIDELINES**

- Petitions for consideration of transfer credit must be made prior to the successful completion of 12 hours of graduate coursework at Columbia College.
- Columbia College will accept a maximum of 9 semester hours in transfer
- Coursework must be earned with a grade of “B” or higher
- Credit must have been earned within the last seven years
- Credit must have been earned at a regionally accredited institution
- If a student is currently pursuing a master’s degree at Columbia College, he or she must seek written approval from the main campus graduate academic program director before enrolling in a class to transfer to the master’s program
- ***In addition to an official transcript***, the following materials are required for transfer credit to be evaluated by the main campus graduate academic program director:
  - Complete Graduate Transfer Credit Request Form (second page)
  - Detailed course description
  - Course syllabi

A member of the Office of the Registrar’s Evaluations Team will notify the student and the student’s campus of the academic department’s decision regarding transfer credit approval.

**Student Information**

Last: \_\_\_\_\_ First: \_\_\_\_\_ E-mail: \_\_\_\_\_

Current Degree Program: \_\_\_\_\_

Campus/Location(s) attending:  Day  Evening  Nationwide (specify location): \_\_\_\_\_

**Transfer Equivalency Information**

Transfer Institution(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Transfer course title	Completion Date	Grade	Credits	Proposed Columbia College Equivalency	Credits

- Course description for each course attached (*required*)
- Syllabus for each course attached (*required*)

**Additional information:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Office of the Registrar only</b></p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> <p>Signature: _____ Date: _____</p>	<p>Program Admit Status: _____</p> <p>Date Received: _____</p>
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