



## **CREDIT TRANSFER REQUEST**

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Full Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

School: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Transferred Institution: \_\_\_\_\_

### **POLICY:**

- This form is for transferred students from another institution who seek transferring credit for courses completed at nationally and/or internationally accredited post-secondary institutions.
  - Only the Dean of each School evaluates the transferring courses and credits and the Director of Academic Affairs authorizes the number of credits transferred.
1. Core/Elective/General Education courses can be credit awarded
  2. Bachelor's Degree: C- or above courses will be awarded credits
  3. Master's Degree: B- or above courses will be awarded credits
  4. Master of Divinity Program: Only one third credits at most can be transferred
  5. Undergraduate and other graduate programs: Only Half of total credits at most can be transferred
  6. Major change within the University: Half of total credits at most can be transferred

### **PROCEDURES FOR STUDENT:**

1. Attach a copy of the transcript from the institution that you are transferred from.
2. List all courses that you wish to have evaluated/reevaluated with the code number, course title used by the institution.
3. Once the courses have been evaluated, make sure that the GCU equivalent and signature is clearly noted on the form.
4. Make a copy of this form for your records and submit the original to the Office of Academic Affairs.
5. Approved courses will not be posted to your record unless the final transcript has been received.

GCU Credit Transfer Request

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

Name of Transferred Institution: \_\_\_\_\_

COURSE NUMBER	COURSE TITLE	GCU EQUIVALENT COURSE TITLE & CREDITS (evaluator use only)

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

Evaluator Name & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Credit Transferred: \_\_\_\_\_

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**OFFICE USE ONLY:**

Processed By: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmed By: \_\_\_\_\_

(VP or Director for Academic Affairs)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_