

## GFU Graduate Department of Clinical Psychology

### Course Transfer Request Form (v.09/2012)

**Before you fill out this form, please make sure the course you hope to transfer meets the following criteria:**

1. Course was taken within past 3 (non-degree program) or 7 (degree program) years from an accredited institution.
2. Official Transcript shows a grade of "B" or higher.
3. Syllabus provided that was used during the class for which you are requesting a transfer. The syllabus must be from the same year and semester you took the class that is recorded on your transcript.
4. Transfer limitations not exceeded. (You are allowed 35 semester hours. max: 30 Psych, 12 Religion, 1 Elective).
5. If partial credit is given for this course, you will need to contact the registrar's office to register for the class.
6. Course Transfer Decisions: Transfer requests received by April 15<sup>th</sup> will be notified prior to start of fall semester. Transfer requests received by September 15<sup>th</sup> will be notified prior to start of spring semester.

I have read and understand the course transfer criteria:

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

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

Please fill out one Course Transfer Form for each class; return each form and syllabus to Heidi Cuddeford, GDCP Administrative Assistant. Please call 503.554.2390 or email [hcuddeford@georgefox.edu](mailto:hcuddeford@georgefox.edu) with any questions.

Student: \_\_\_\_\_

Name of school course transfer is requested from: \_\_\_\_\_

Course Requested for Transfer			GFU/GDCP Equivalent Course		
Course #	Course Title	Credit Hours *	Course #	Course Title	Semester Hours

\*specify: listed are  semester hours or  quarter hours

**The section below is completed by GDCP Office staff and faculty only:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Course was taken within past 3 (non-degree program) or 7 (degree program) years    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Accredited institution?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Transcript shows a grade of "B" or higher.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Syllabus provided  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Within transfer limits (35 semester hours. max: 30 Psych, 12 Religion, 1 Elective) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

To the GDCP faculty member: Since you teach this course within GDCP/GFU and/or this is an area of your expertise, you are being asked to assist in the course transfer process. Attached is a copy of the syllabus associated with the course for which the student is seeking transfer. Please review this syllabus carefully and decide whether transfer credit can be granted based upon "substantially equivalent content" with the corresponding GDCP course. Indicate your decision and sign this form below (note that partial transfer credit is an option).

Deny     Approve     Remaining fractional credit is waived     Remaining fractional credit not waived  (explanation below)

Explanation on how student will fulfill partial credit remaining and/or comments on other decision:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Department Chairperson's approval: \_\_\_\_\_ hours of transfer credit approved. \_\_\_\_\_

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