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 15th will be notified prior to start of fall semester. Transfer requests received by September 15th 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 with any questions.

Student: ________________________________________________________________

Name of school course transfer is requested from: ________________________________

<table>
<thead>
<tr>
<th>Course Requested for Transfer</th>
<th>GFU/GDCP Equivalent Course</th>
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</thead>
<tbody>
<tr>
<td>Course #</td>
<td>Course Title</td>
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<tr>
<td>__________</td>
<td>__________</td>
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*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 □  No □
2. Accredited institution?  Yes □  No □
3. Transcript shows a grade of “B” or higher.  Yes □  No □
4. Syllabus provided  Yes □  No □
5. Within transfer limits (35 semester hours. max: 30 Psych, 12 Religion, 1 Elective)  Yes □  No □

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: __/__/__