SHIPPENSBURG UNIVERSITY
DEPARTMENT OF COUNSELING & COLLEGE STUDENT PERSONNEL
Transfer of Credit Form

DATE: _____

NAME: _____

SU#: _____

ADDRESS: _____

Course Name & Number from the Transferring University or College & Name of Transferring University or College & Date Completed:

_____

_____

Corresponding Course Name & Number:

_____

_____

Student Signature & Date

***Note: credits must be received on an official graduate transcript with grades of A/B or higher. Credit earned more than five years prior to the date you begin your graduate program at Shippensburg University does not qualify for transfer.*

_____Approved _____Denied _____
Advisor

_____Approved _____Denied _____
Specialization Coordinator

_____Approved _____Denied _____
Chair

Revised November 2009