



# Graduate Transfer Credit Approval Form Springfield College

Office of the Registrar  
263 Alden Street  
Springfield, MA 01109-3797  
Phone (413) 748-3530

(Available for matriculated students only, traditional and School of Professional & Continuing Studies)

Student Name: \_\_\_\_\_ Student I.D. : \_\_\_\_\_

Major/Program of Study: \_\_\_\_\_ Advisor: \_\_\_\_\_

Semester/Year Matriculated: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

**DESCRIPTION OF COURSE(S) MUST ACCOMPANY THIS FORM :**

- ❖ Course(s) must be taken at a regionally accredited institution of higher education.
- ❖ A maximum of 6 to 9 credits (depending on program) may be accepted for transfer. (See catalog for details and special exceptions for the Social Work program)
- ❖ Course(s) must be taken for letter graded, college credit. A minimum grade of “B” is required.
- ❖ Grades received are not indicated on the SC record.
- ❖ A student may not receive duplicate credit for a course already taken.
- ❖ **It is the student’s responsibility to ensure all criteria noted above are met prior to registering for the course(s).**

Credit Hours Completed To Date: \_\_\_\_\_ # of Transfer Credits previously awarded: \_\_\_\_\_

**Course(s) taken:**

College/Univ: _____	Sem/Year: _____
Dept: _____ Course #: _____ Title: _____	Credits: _____
Course taken for (Circle One): MAJOR REQUIREMENT / MAJOR SELECTIVE / ELECTIVE	
(OFFICE USE ONLY) Comments: _____	
_____	
SC Course Equivalency: _____	Dept Chair / signature: _____ Campus Director (PCS)

College/Univ: _____	Sem/Year: _____
Dept: _____ Course #: _____ Title: _____	Credits: _____
Course taken for (Circle One): MAJOR REQUIREMENT / MAJOR SELECTIVE / ELECTIVE	
(OFFICE USE ONLY) Comments: _____	
_____	
SC Course Equivalency: _____	Dept Chair / signature: _____ Campus Director (PCS)

Student Signature	Date	Advisor’s Signature	Date
Dept. Chair/ Associate Dean (PCS) signature	Date	Registrar’s Signature	Date