SPRINGFIELD COLLEGE

Office of the Registrar
(413) 748-3530

Graduate/Doctoral Transfer Credit Pre-Approval Form

(Available for matriculated students only, traditional and Regional and Online students)

Student Name: _____ **Student I.D. :** _____
Current Address: _____ **Current Phone:** _____
_____ **Campus Box #:** _____
SC Email _____

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 may be accepted for transfer. (See catalog for details and special exceptions for the Social Work and the PsyD programs)
- 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) to be 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:** _____

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:** _____
_____

Student Signature	**Date**	**Advisor's Signature**	**Date**
Dept. Chair signature	**Date**	**Registrar's Signature**	**Date**

Revised September 4, 2019