

APPLICATION FOR TRANSFER OF CREDIT

Students who have completed graduate-level coursework at a regionally accredited college or university within the past seven (7) years and earned a B grade or higher may be eligible for transfer of credit. Requests for transfer of credits must be completed before the end of the student's first term. **REQUESTS WILL NOT BE ACCEPTED AFTER THE STUDENT'S FIRST TERM IN THE PROGRAM.**

To apply for transfer of credit, please follow these steps:

1. Review the "DCRS Course List" found in the HCAS Graduate College Catalog. If you believe you have previously taken an equivalent course, you may apply for transfer of credit. **Transfer of credit cannot be used towards electives** (electives are courses that begin with CARM/D 66XX).
2. Complete all items on the attached *Application for Transfer of Credit* form. **INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE STUDENT.**
3. Include a copy of the following:
 - The course syllabus for which you are requesting transfer of credit.
 - The catalog course description.
 - Official transcript.

REQUESTS WILL NOT BE PROCESSED UNLESS ALL FORMS ARE SUBMITTED

4. Submit all documents by email, fax or mail to:

NOVA SOUTHEASTERN UNIVERSITY
Department of Conflict Resolution Studies
ATTN: Nascene Grant
3301 College Avenue
Davie, FL 33314
Email: gn183@nova.edu
FAX: (954) 262-3968
PHONE: (954) 262-3075

APPLICATION FOR TRANSFER OF CREDIT

Student Name

N _____ @mysu.nova.edu
NSU ID Number NSU Email

Address

City State, Zip Home Telephone

Student's Signature Date

FOR DEPARTMENT USE ONLY

Date Submitted Approval Date

Total Credits Requested _____

Total Credits Approved _____

Total Credits Denied _____

APPLICATION FOR TRANSFER OF CREDIT

N

Student Name _____ **NSU ID Number** _____

Please note that Transfer of Credit is not guaranteed.

Course Taken Previously	DCRS Course Equivalent	Accept	Denied
Course #: _____ Course Name: _____ _____ College/University: _____ _____ Grade: ____ Number of Credits: ____ Semester taken: _____ Checklist: Graduate level course <input type="checkbox"/> Taken within the last 7 years <input type="checkbox"/> Official course description from catalog included <input type="checkbox"/> Syllabus included <input type="checkbox"/> Transcript included <input type="checkbox"/>	Course #: _____ Course Name: _____ _____ _____ Checklist: This course is NOT an elective course <input type="checkbox"/> (CARM/D 66XX)	<input type="checkbox"/>	<input type="checkbox"/>

ALL fields on the form must be filled out and ALL information must be submitted for TOC consideration.

Reviewed By: _____

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