



## **APPLICATION FOR TRANSFER OF CREDIT**

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If you have completed graduate level coursework at a regionally accredited college or university within the past **seven (7) years**, and earned a B or higher, you 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 A STUDENT'S FIRST TERM IN THE PROGRAM.**

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

1. Review the "DCRS Course List" found on the DCRS downloads site (<http://shss.nova.edu/Downloads/car.htm>). If you believe you have previously taken a substantially equivalent course, you should apply for transfer of credit. **Transfer of credit cannot be used towards electives** (electives are any 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:
  - Each course syllabus for which you are requesting
  - The catalog course description
  - Official transcript.

**REQUESTS WILL NOT BE PROCESSED UNLESS ALL FORMS ARE SUBMITTED**

4. Submit all documents by fax or mail to:

**NOVA SOUTHEASTERN UNIVERSITY**

**CAHSS – DCRS**

**ATTN: LEE SHAZIER**

**3301 COLLEGE AVENUE**

**FT. LAUDERDALE, FL 33314**

**FAX: (954) 262-3968**

**PHONE: (954) 262-3001**



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\_\_\_\_\_  
**Student Name**

**NO** \_\_\_\_\_ **@nova.edu**  
**NSU ID Number**                      **NSU Email**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City**                                      **State, Zip**                      **Home Telephone**

\_\_\_\_\_  
**Student Signature**                                      **Date**

### **FOR DEPARTMENT USE ONLY**

\_\_\_\_\_  
**Date Submitted**                                      **Approval Date**

**Total Credits Requested**    \_\_\_

**Total Credits Approved**    \_\_\_

**Total Credits Denied**        \_\_\_\_\_



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**NO**

\_\_\_\_\_  
**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: _____  <b>Checklist:</b> 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: _____ _____ _____  <b>Checklist:</b> This course is NOT an elective course (CARM/D 66XX) <input type="checkbox"/>	<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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