APPLICATION FOR TRANSFER OF CREDIT

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](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**

Updated 10/19/16
APPLICATION FOR TRANSFER OF CREDIT

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 ______
APPLICATION FOR TRANSFER OF CREDIT

Please note that Transfer of Credit is not guaranteed.

<table>
<thead>
<tr>
<th>Course Taken Previously</th>
<th>DCRS Course Equivalent</th>
<th>Accept</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #: __________</td>
<td>Course #: __________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Course Name: __________</td>
<td>Course Name: __________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>College/University:</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Grade: ___</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Number of Credits: ___</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Semester taken:</td>
<td></td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>__________</td>
<td>__________</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Checklist:
- Graduate level course ☐
- Taken within the last 7 years ☐
- Official course description from catalog included ☐
- Syllabus included ☐
- Transcript included ☐

This course is NOT an elective course (CARM/D 66XX) ☐

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

Reviewed By: __________

Updated 10/19/16
# APPLICATION FOR TRANSFER OF CREDIT

<table>
<thead>
<tr>
<th>Course Taken Previously</th>
<th>DCRS Course Equivalent</th>
<th>Accept</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #: _____________</td>
<td>Course #: _____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Name: ________________</td>
<td>Course Name: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/University: ________________</td>
<td>College/University: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade:_____Number of Credits: _</td>
<td>Grade:_____Number of Credits: _</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester taken: _____________</td>
<td>Semester taken: _____________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Checklist:**
- Graduate level course □
- Taken within the last 7 years □
- Official course description from catalog included □
- Syllabus included □
- Transcript included □

---

*This course is NOT an elective course (CARM/D 66XX) □*

---

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

---

**Reviewed By: ________________**
APPLICATION FOR TRANSFER OF CREDIT

Student Name

NSU ID Number

Please note that Transfer of Credit is not guaranteed.

<table>
<thead>
<tr>
<th>Course Taken Previously</th>
<th>DCRS Course Equivalent</th>
<th>Accept</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #: ___________</td>
<td>Course #: ___________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Name: __________</td>
<td>Course Name: __________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/University: __________</td>
<td>College/University: __________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade: _____</td>
<td>Numb er of Credits: _</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester taken: __________</td>
<td>Semester taken: __________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Checklist:

- Graduate level course ☐
- Taken within the last 7 years ☐
- Official course description from catalog included ☐
- Syllabus included ☐
- Transcript included ☐

Checklist:

This course is NOT an elective course (CARM/D 66XX) ☐

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

Reviewed By: ____________________________

Updated 10/19/16
APPLICATION FOR TRANSFER OF CREDIT

<table>
<thead>
<tr>
<th>Student Name</th>
<th>NSU ID Number</th>
</tr>
</thead>
</table>

Please note that Transfer of Credit is not guaranteed.

<table>
<thead>
<tr>
<th>Course Taken Previously</th>
<th>DCRS Course Equivalent</th>
<th>Accept</th>
<th>Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course #: ____________</td>
<td>Course #: ____________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Course Name: ________________</td>
<td>Course Name: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______________________</td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College/University: ________________</td>
<td>College/University: ________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>______________________</td>
<td>______________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade: ___</td>
<td>Grade: ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Credits: ___</td>
<td>Number of Credits: ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semester taken:____________________</td>
<td>Semester taken:____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Checklist:**
- Graduate level course ☐
- Taken within the last 7 years ☐
- Official course description from catalog included ☐
- Syllabus included ☐
- Transcript included ☐

This course is NOT an elective course (CARM/D 66XX) ☐

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

Reviewed By: ________________

Updated 10/19/16