



College of Arts, Humanities and Social Sciences

Department of Multidisciplinary Studies

APPLICATION FOR TRANSFER OF CREDIT

Instructions:

If you have completed graduate level coursework within the past **seven (7) years**, and earned a B or higher, you may be eligible for transfer of credit (TOC). To apply for transfer of credit, please follow these steps:

1. Enclose a copy of **each course syllabus** for which you are applying for transfer of credit, **as well as the official description from the college or university catalog, and official transcript if not already on file.**
2. Submit the attached **Application for Transfer of Credit.**
3. Submit **all documents** by fax, email, or mail to:

Tammy Graham
Department of Multidisciplinary Studies (DMS)
College of Arts, Humanities and Social Sciences
Nova Southeastern University
3301 College Avenue
Ft. Lauderdale, FL 33314
Fax: (954) 262-2462
Phone: (954) 262-3007
Email: tg431@nova.edu



College of Arts, Humanities and Social Sciences
Department of Multidisciplinary Studies
APPLICATION FOR TRANSFER OF CREDIT

Student Name: _____

NSU ID Number: N_____

Nova Email Address: _____@nova.edu

Program: (Please check) CSA MACS QUAL RESEARCH

Student Signature: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ - _____ - _____

Date Submitted: ____ - ____ - ____ **Approval Date:** ____ - ____ - ____

Total Credits Approved: _____

Approved By: _____

Signature: _____

Be advised that should your Transfer of Credit request be approved, you are still held accountable and responsible for the information taught in the similar class here at Nova Southeastern University. Please remember that while you may be granted a TOC for certain courses, it is likely there are some differences between the courses you took and the course offered at Nova. Please feel free to consult with the Department and related faculty if you have questions.



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Student's Name: _____

NSU ID Number: N_____

Please note that Transfer of Credit is not guaranteed.

Course Taken Previously	DMS 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: _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

Approved By: _____

Student's Name: _____

NSU ID Number: N_____

Please note that Transfer of Credit is not guaranteed.

Course Taken Previously	DMS Course Equivalent	Accept	Denied
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Approved By: _____

Student's Name: _____

NSU ID Number: N_____

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Approved By: _____