

Transfer or Associated Academic Credit Request

Student Name _____ **Student Number** _____

Program _____

<p>Associated Credit An ATSU required course that earns credit towards two separate degree programs.</p>	<p>Transfer Credit ATSU credit awarded for courses completed at another University.</p>
---	--

REQUEST FOR ASSOCIATED CREDIT (INTERNAL USE ONLY)

Associated credit is processed between the program and Enrollment Services, no student signature necessary.

The following criteria must be satisfied in order for associated credit to be considered:

- Student earned a minimum of a **B** in the course.
- Course was taken no more than 7 years prior to the transfer of credit application completion date (unless otherwise stated in an institutional agreement).
- No more than 45% of the program's total credits can be accepted as transfer credit (unless otherwise stated in an institutional agreement).

COURSE(S) FOR ASSOCIATED CREDIT REVIEW (number & title)	ASSOCIATED CREDIT WILL BE AWARDED TO THE FOLLOWING PROGRAM.	SEMESTER & YEAR COMPLETED	Approved or Denied

Program Chair Signature: _____	Date: _____
Enrollment Services Signature: _____	Date: _____

REQUEST FOR TRANSFER CREDIT

The following criteria must be satisfied in order for transfer of credit to be considered.

- Course is a graduate level course from a regionally accredited university in the United States.
- Course clearly meets the defined goals and objectives of a specific course being offered by ATSU.
- Student earned a minimum of a **B** in the course.
- Course was taken no more than 7 years prior to the transfer of credit application completion date (unless otherwise stated in an institutional agreement).
- The transferring course must be equivalent to or greater than the amount of credit assigned to the specified ATSU course.
- No more than 45% of the program's total credits can be accepted as transfer credit (unless otherwise stated in an institutional agreement).

COURSE(S) FOR REVIEW (number & title)	UNIVERSITY WHERE COURSE WAS COMPLETED	SEMESTER/YEAR COMPLETED	EQUIVALENT ATSU COURSE (number & title)	Approved or Denied

With this form, submit the following for each of the above listed courses:

- Course syllabi or copy of course catalog with course description.
- Official transcript documenting successful completion of transfer course(s).

Submit this form and supporting documentation to the ATSU program chair.

The chair has 30 days to make a determination and submit to Enrollment Services for final review and processing.

Student Signature _____

Date _____

Program Chair Signature: _____	Date: _____
Enrollment Services Signature: _____	Date: _____