

Transfer credits will not be reviewed without official transcripts on file. Requests for transfer credit must be submitted with your application for admission. The university accepts a maximum of 6 semester hours in transfer credits from regionally accredited institutions with the approval of the Graduate Program Chair. Transferred courses are only valid if taken within six years of your anticipated date of graduation.

Applicants Last Name (legal name)	First Name	Middle Initial	Maiden Name
Mailing Address (P.O. Box, RFD, Street)	City	State/Province	Zip Country (if other than US)
Home Telephone Number	Work/Cell Telephone Number		
Banner ID Number	Expected Date of Graduation	E-mail Address	

Courses From Other Institutions

I request the following course(s) be transferred into the program to which I am applying. I understand that the course(s) must be from a regionally accredited institution, taken for graduate credit, that I must have received a grade of "B" (3.0) or better, and that the course(s) must not have been used to fulfill requirements for another degree.

NOTE: The university accepts a maximum of 6 semester hours in transfer credits from regionally accredited institutions. Send official transcripts to: Admissions Office, Fitchburg State University, 160 Pearl Street, Fitchburg, MA 01420

Institution	Course Number	Course Title	# of Credits	Semester/Year Taken	Program Chair Use Only
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.
					<input type="checkbox"/> App. <input type="checkbox"/> Not App.

Fitchburg State University Courses

- Non-degree students who intend to matriculate into a degree are allowed to register for a maximum of 12 credits toward that degree prior to admission.
- Graduate courses at the 6000 level are exempt from this policy.
- Credit from courses taken prior to admission may apply to a degree only if prerequisites for the program are met and approval is received from the program chair or advisor at the time of admission to the program.
- The 12 credits must fall within the 6 year time limit.

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Fitchburg State University					<input type="checkbox"/> App. <input type="checkbox"/> Not App.
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Fitchburg State University					<input type="checkbox"/> App. <input type="checkbox"/> Not App.
Fitchburg State University					<input type="checkbox"/> App. <input type="checkbox"/> Not App.

Applicant's Signature	Date
_____	_____
Graduate Program Chair Signature	Date
_____	_____
Dean's Signature	Date
_____	_____