

GSAS

## **Transfer of Advanced Credit**

Student Name:	Department/	Department/Program:			
Fordham ID#:	GSAS Matriculation Date:□Fall □ Spring Year:				
<ul> <li>Graduate work completed previously n requirements, subject to the approval of For work completed over 5 years prior,</li> </ul>	f the department	chairperson/program		l the Dean.	
Credits successfully used for other deg	rees will not be a	ccepted for transfer	to Fordham.		
<ul> <li>No transfer of credits will be approved towards the degree he or she is pursuing</li> </ul>		has completed 12 cr	redits of cour	rsework	
<ul> <li>Typically, not more than six credits will</li> </ul>	l be transferred f	or any degree.			
• Only courses with grades of B or higher	r can be applied t	o a GSAS MA/MS	degree progr	am.	
• Only courses with grades of B+ or high	er can be applied	to a GSAS PhD deg	gree program	1.	
<ul> <li>No transfer of credits will be approved which falls below 3.0 for the MA/MS of</li> </ul>			on or has a C	GSAS GPA	
Grades from transfer credits are not inc	luded in the calc	ulation of GSAS GP	A.		
<ul> <li>Advanced credit does not exempt the secomprehensive examinations.</li> </ul>	tudent from any 1	part of departmental			
To waive program requirements, please	e use the Waiver	of Requirement For	m.		
Please accept the following course(s) for degree	e credit at Ford	ham GSAS:			
Institution	Course Title		Credits	Grade	
*Students in interdisciplinary programs require the signatu	res of both the Progr	am Director and Departs	ment Chair.		
Student Signature	Date	_			
Department Chair	Date		Department		
*Program Director (only if interdisciplinary program)	Date	Program			

Official transcripts from all relevant institutions must accompany this form.

Date