DePaul University

College of Liberal Arts and Social Sciences – Graduate Student Services
2352 N. Clifton Avenue, Suite 130   Chicago, Illinois 60614
Phone: (773) 325-4008 / Email lasgraduateoffice@depaul.edu

TRANSFER OF CREDIT REQUEST FORM

INSTRUCTIONS:

This form is to be used to request that academic credit earned at another institution be transferred to DePaul University for fulfillment of graduate degree requirements. Submit **one form for each course** requested for transfer, along with **an official copy of the transcript from the college or university where the course(s) were taken** and a course description or syllabus, to your graduate program director. He or she will review your request and determine whether the course(s) may be applied toward your degree and, if so, what the DePaul equivalent course(s) would be. The graduate program director will then submit the request, with all supporting materials, to the LAS Graduate Student Services Office. If approved by both the graduate program director and the Associate Dean for Graduate Programs, the Office of Transfer Credit will post the credit to your official academic records. You will be notified of any decision by letter.

A maximum of three courses may be requested for transfer, and any credit accepted applies only to the degree program indicated below. If you reclassify to another degree program, the transfer credit may or may not be counted toward your degree. Therefore, upon reclassification, a copy of this form must accompany the reclassification request for approval or disapproval of the transfer credit for use in the new program. **Credit that was earned at another institution and that was counted toward a previous degree cannot be transferred to DePaul University.**

PERSONAL INFORMATION

Name:

DePaul Identification Number (7 Digits):   Academic Program:

Phone: Email:

TRANSFER INFORMATION

Name of college or university at which course was taken:

Course title and number:

I hereby confirm that the coursework indicated above did not apply toward a previously earned degree.

Student signature: Date:

FOR OFFICE USE ONLY

GRANTED ☐   DENIED ☐   Graduate Program Director's Signature: Date:

DePaul Equivalent Course: Associate Dean's Signature: Date: