



GRADUATE TRANSFER CREDIT REQUEST

Name		St. John Fisher ID @	Expected Graduation Date
Degree	Major	Concentration/Track	Advisor

Have you ever transferred any credits to Fisher from another institution? Yes ___ No ___ If yes, how many _____ from _____

- A maximum of nine (9) graduate level credits may be transferred from an accredited institution to a graduate program at St. John Fisher.
- Transfer credits must have been earned no more than six (6) years before beginning the Fisher graduate program.
- A grade of 'B' or higher in the course, which must be appropriate to the program of study. Transfer grades are not calculated into the Fisher cumulative GPA.
- A copy of the official transcript and course descriptions for all transfer courses must be sent to your Program Director. Determination of appropriateness for transfer credit will be made at the sole discretion of the program director.
- An official transcript (not a copy) must be sent to the Registrar's Office at St. John Fisher University for transfer credit to be posted on your academic record.
- For students who study off campus in their final semester, if the official transcript does not arrive in time, the official date of graduation noted on the diploma and all official university records will be the graduation date at the end of the upcoming semester. Official graduation dates are May, August and December.
- Credit will not be transferred if the course has already been successfully completed at St. John Fisher University and transfer credit will be removed if the course is subsequently taken at the University.

By signing and submitting this form, I acknowledge that I have read, understand and will comply with all policies above and will submit the official transcript to Registrar's office at St. John Fisher University.

Student's Signature: _____ Date: _____

Semester Course taken _____ Transfer course Institution _____

Dept. Course No. _____ Course Title _____ Credits _____

Transfers as _____

Graduate Program Director: _____ Approved: ___ Denied: ___ Date: _____

Registrar's Office: _____ Date Processed: _____

Should you have any questions or need further information please contact your Graduate Program Director. 01/23