Thomas Jefferson University Jefferson College of Population Health

Transfer of Credit Request

Please read the Transfer of Credit Policy in the Student Handbook before completing this form and submitting it to your advisor.

Student Name: _____ Campus Key: _____

Program: Effective Term:

Transfer is part of Affiliation Agreement or Advanced Standing

Please attach to this application a <u>detailed</u> syllabus of the course to be transferred and an unofficial transcript. If transfer(s) is part of an affiliation agreement or Advanced Standing, attachments are not needed. Credits transferred from another institution will not be included in the GPA calculation.

Institution	Term	Course #	Course Name	Credits	Grade	Attendance Period	JCPH Equivalent Course (& credits)	Course Reviewer

Transcript Comment: \bigcirc Request Approved \bigcirc Request Denied; Reason: Program Director: _____ Date: _____ Director, Academic Affairs: Date: Registrar's Office: _____Date: __