



# GRADUATE TRANSFER OF CREDIT

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

G#: \_\_\_\_\_ Degree or Certificate Program: \_\_\_\_\_

Student's Day Phone: \_\_\_\_\_ Student's E-mail: \_\_\_\_\_

### TRANSFER OF CREDIT REQUIREMENTS:

- The credit must be graduate credit earned at another accredited university, earned at another institution and recommended for graduate credit in the American Council on Education guidebook, or earned at Mason while in non-degree status.
- The credit must have been earned within six years prior to first enrollment as an admitted student in the specific certificate or degree program.
- A minimum grade of B (3.00) must have been earned.
- A maximum of 12 non-degree credits can be transferred to a degree or certificate program
- The course must be applicable toward a degree at the institution offering the course. Extension and in-service courses that are not intended by the institution offering the courses to be applied to a degree program are not eligible for transfer credit to Mason.
- The credits cannot have been previously applied toward a degree at another institution or Mason; however, up to 3 credits previously applied to a degree program at another institution may be transferred into a certificate program at Mason.

### CREDITS EARNED AT MASON THROUGH NON-DEGREE STUDIES: Grades will count in Mason GPA.

Course Number & Title	Semester & Year	Grade Earned	Credits Earned

### CREDITS EARNED AT ANOTHER INSTITUTION: Grades will not count in Mason GPA.

A sealed official transcript must accompany this request. Please note: Mason operates on a semester system. Credits earned at institutions using a quarter system should be multiplied by .667 to determine the number of credits to be transferred.

Institution/Location	Course Title & Number	Semester & Year	Grade Earned	Credits Earned	Mason Course Equivalent

Total Number of Credits to be transferred into current degree program: \_\_\_\_\_

Course Departmental approval (Only required for courses outside the student's program) \_\_\_\_\_ Date \_\_\_\_\_

Graduate Program Chair/Director \_\_\_\_\_ Date \_\_\_\_\_

Student's Dean \_\_\_\_\_ Date \_\_\_\_\_

After completed, return this form to the Office of the University Registrar, ✉ [regs@geomason.edu](mailto:regs@geomason.edu)

Registrar's Initials: \_\_\_\_\_/\_\_\_\_\_