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**Evaluation of Graduate Transfer Credit**

Use this form to petition to apply students’ eligible graduate course credits earned from another institution toward a graduate degree/certificate at Rowan. The form should be filled out by the student’s advisor, program coordinator, or chair/head. Return this signed form and a copy of the student’s official transcript to [globalstudent@rowan.edu](mailto:globalstudent@rowan.edu).

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rowan Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Banner ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Transferring Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Transfer Credit** | | | **Rowan Course Equivalent, Substitution, or Waiver** | | |
| Course Name | Course | Number of Credits | Course Name | Course Number | Number of Credits |
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| **Transfer Credit** | | | **Rowan Course Equivalent, Substitution, or Waiver** | | |
| Course Name | Course Number | Number of Credits | Course Name | Course Number | Number of Credits |
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**Optional:** List additional courses required for coursework completion that were not satisfied in prior studies (not including research credits):

*Signature below indicates that all courses listed on this form meet the program’s criteria for transfer and have a grade that meets the minimum for the program of study.*

Name of Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Department Chair/Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_