

Application for Transfer Credits Consideration

This application is to be used by students who have been admitted to Fairleigh Dickinson University – Vancouver campus and who would like to apply for transfer credits consideration. Undergraduate students who applied for transfer credits and submitted all supporting documents with their application **do not need** to submit this form. Please complete this form and upload it together with all required documents to your Checklist in the Applicant’s portal. The form and supporting documents must be submitted by ONE week BEFORE New Students Orientation for the intended start term.

Last Name: _____ First Name: _____ Student ID: _____

Program: _____ Specialization: _____

E-mail: _____ Cell Phone: (____) _____

Intended Start Term: Spring Summer Fall Year:20____

Part A. Information about the post-secondary school where the coursework was taken: <i>Please submit a separate application for every school attended you request transfer credits from</i>				
Name of the School: _____				
Street Address: _____				
Province/State:	Country:	Postal Code:		
Dates Attended: MM/DD/YYYY	From:	To:		
Name of the Program: _____				

Part B. Information about the coursework you request transfer credits from: **Attach additional page(s) if required. Official Transcripts and course outlines/syllabi issued by the school must be provided. Documents that are not in English must be accompanied by certified English translation. The course outline/syllabi should include:*

- *Course objective*
- *Duration of the course, # credits/hours*
- *Information on course content, learning outcomes, methods of assessment, grading scale, etc.*
- *Textbooks used*

Part C. Course Equivalency*: ** Part C must be filled by Graduate students ONLY*

Name of the Course Taken at Another School	Credits / Hours	Grade Received	FDU Equivalent Graduate Course Code

_____ Signature of Applicant

_____ Date

TO BE COMPLETED BY ADMISSIONS OFFICE:

TR applied for _____	Outlines Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Crd Left to Grad: _____	CGPA: _____
# Credits Approved: _____	Approved By: _____		Date: _____

APPROVALS

_____ Program Coordinator

_____ Date

_____ Admissions

_____ Date

_____ Enrollment Services

_____ Date

_____ Entered into Colleague

_____ Date

Comments/Conditions: _____