

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 no later than **FOUR** weeks **BEFORE** the start date of your program, as shown in your Letter of Acceptance.

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: <i>*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:</i>	
<ul style="list-style-type: none"> • 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*: <i>* Part C must be filled by Graduate students ONLY</i>			
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"/>	Crds Left to Grad: _____	CGPA: _____
# Credits Approved: _____	Approved By: _____	Date: _____	

APPROVALS

Program Coordinator	Date	Admissions	Date

Enrollment Services	Date	Entered into Colleague	Date

Comments/Conditions: _____