

VILLANOVA UNIVERSITY GRADUATE STUDIES
College of Liberal Arts and Sciences

Transfer of Credit Request

To be used for transfer of credit requests from colleges other than Villanova. Program Director and Graduate Dean must approve before processing.

Student Name: _____ **VU Student ID Number:** _____

Student was accepted: Matriculated *Non-Matric **Accepted Into Cert or Degree:** _____ **1st Sem. enrolled at VU:** _____

Courses must be graduate-level and completed no more than 6 years for on-campus (or 5 years for online programs) prior to first semester of enrollment at Villanova in a degree. *Non-matriculated students in degree programs and/or those in cert. programs cannot transfer credit at any time.

Transfer credits from: _____
(School) *(Location)*

Course Number	Course Title	Grade	Villanova Equivalent	Credit Value from Other Institution	Credit Value Accepted	Semester/Year Course Taken

Total Credits Accepted** _____

Approved by: _____ **Date:** _____

Office use: Univ. Regional Accreditation:

****Total credits accepted from another institution cannot exceed six (6) credits.**