



OFFICE OF THE REGISTRAR

Transfer Credit Request Form

Registrar's Office

This form is used by new and continuing students to transfer into KGI units or credits from coursework completed at other institutions. All transfer credit requests must be approved by the Program Director and Dean and must meet the following criteria:

- ☐ All requests must be accompanied by an official transcript from the institution where the coursework was completed.
- ☐ Students must have received a grade of B or better in the course.
- ☐ Courses are graduate level at the transfer institution and constitute a fair and reasonable equivalent to current KGI coursework at the graduate level.
- ☐ Transfer institution is regionally accredited in the U.S. to grant graduate degrees.
- ☐ Courses logically fit into the program for the degree.
- ☐ Limits on the number of units that may be transferred are determined by the KGI program.
- ☐ Individual programs reserve the right to deny transfer credit for any and all coursework that may be considered old, dated, or no longer relevant to the discipline.

STUDENT INFORMATION

Student ID _____

Last Name _____ First Name _____

Academic Program _____ Degree _____

Student Signature (required) _____ Date _____

OFFICIAL TRANSCRIPT(S) FOR TRANSFER UNITS REQUESTED IS (check one)

◆ ATTACHED ◆ IN STUDENT FILE

TRANSFER UNITS REQUEST (Please list courses in *chronological* order.)

Institution	Course Number	Course Title	# of Units	Grade Earned	KGI Equivalent Course Number	KGI Equivalent Course Title	# of Units	Approval	Notes

Approval Key

A = Automate (Becomes a standard course equivalency going forward)

C= Credit (Only approve this course for general graduate credit)

D = Denied (Do not approve this course for credit or as a course equivalency)

E = Exception (This course as an equivalency only in this case)

M = More Information Needed (Can not make a determination with the information provided - please specify additional information requested in the notes section)

ACADEMIC DEPARTMENT APPROVALS REQUIRED

Program Director Name _____ **Signature** _____ **Date** _____

Dean of School Name _____ **Signature** _____ **Date** _____