

## **TRANSFER COURSE PETITION** Office of Undergraduate Studies *Center for Academic Excellence*

For enrollment as a visiting student at another college or university.

## All petitions must be typed.

This request is for:	□ Fall	$\Box$ Spring	□ Summer	20_	
					Year
NAME:					
COLLEGE:					
PHONE:		HU ID	#:		
MAJOR:					
EMAIL:					
Name and location of the indicated above	e college/un	iversity that you	a will attend for th	ne seme	ster

Each college or university attended must be regionally accredited by the one of six regional accediting agencies (http://ope.ed.gov/accreditation/agencies. aspx).\* If the college/university you plan to attend is on the quarter system, contact your academic advisor in the Center for Academic Excellence to determine credithour equivalency and transferability. Courses taken at other institutions without prior approval will not be considered for transfer credit.

PROCEDURE FOR APPROVAL OF THIS FORM: To determine if the course(s) you plan to take are equivalent to HU courses, take a course description of the course(s) with the summer school petition form to the department that teaches the course to determine if the course is equivalent to one taught at Howard.

## UPON COMPLETION OF THIS FORM:

- Submit a copy to your major department
- Submit a copy to the Center for Academic Excellence
- · Keep a copy for your records

TRANSFER CREDIT: Transfer credit (advanced standing) will be awarded for approved course(s) if a grade of "C" or better has been earned. Grades are not transferred; therefore, transferred credits **do not** affect your grade point average (GPA) at Howard. **Grades of C "minus" and below are not transferrable.** 

ATTENTION SENIORS: The last 30 credit hours required to receive a degree from Howard University must be completed at Howard University.

\* NOTE: Some schools and colleges have additional professional acceditation standards that further determine credit transferability.

Upon completion of the course(s) an **official** transcript must be mailed to: Office of the Registrar, Howard University 2400 6th Street, NW, Suite 105, Washington, DC 20059

COURSES AT COLLEGE OR UNIVERSITY		HOWARD UNIVERSITY EQUIVALENCY (Leave blank; for department use only.)				
Course title(s)	Course #	Semester Hrs	Approved Course	Faculty Signature	Dept Chair Signature	

Signature of approval from academic advisor

Academic advisor's name