

**Office of the Registrar**

Ochre Court, Room 203
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GRADUATE TRANSFER CREDIT APPROVAL

Student Name: _____ **Student ID:** _____

Program Name: _____ **Salve Email:** _____

Graduate Transfer Credit Policies

- Courses must be taken at regionally accredited colleges and universities.
- Courses must be completed with grades of B or higher (Grades of B or lower, "P," or "S" are nontransferable).
- Courses must be pre-approved by applicable program directors.
- Credits transferred were not applied toward a previous degree and were earned within eight years of the petition for transfer.

Student Responsibilities

- Students must request official transcripts be forwarded to the Office of the Registrar upon completion of the course.

COURSE INFORMATION

Complete this section with information from the visiting institution. Attach a course description from website, catalog, or other institution publication.

Course Code: _____ Title: _____

Number of Credits: _____ Semester: ☐ Fall ☐ Winter ☐ Spring ☐ Summer.

College/University: _____

Equivalent Salve Course: _____

ACKNOWLEDGEMENT

Student Signature: _____ **Date:** _____