



APPLICATION FOR TRANSFER OF CREDIT

Process

- Form must be completed by the student and submitted to the MHRM Student Counselor with a transcript reflecting the courses for which credit is requested. All fields must be filled out.
- Upon receipt of the form, the MHRM Student Counselor will then submit the form to the MHRM Director for initial approval.
- After approval is received from the MHRM Director, the form is then forwarded to the SMLR Dean’s Office for final approval.
- Once approval is received from both the Director and the Dean’s office, the form and transcript are then forwarded to the designated Supervisor of Transcripts at the Registrar’s Office, Eric Decker, ejdecker@rutgers.edu.

Policy

- Application is made only after completion of 12 credits of graduate level coursework with grades of B or better.
- Transfer of credit is allowed only for formal graduate-level course work specifically related to the student’s program of study in which grades of B or better were received. No credit may be transferred for thesis research work, course work done as an independent study, or work in courses which were not graded. P, R, or S grades are eligible for transfer if equivalent to a grade of B or better and accompanied by a letter from the instructor of the course testifying to that equivalence.
- Credit is not normally transferred for courses taken more than six years prior to the application for transfer of credit. Appeals for waiver of this time limit may be made by the graduate director, in writing, with a statement verifying the current level of the student’s information on the subject, or that the course material is still current.
- No more than 40% of the credits required for the Master’s in HRM may be transferred from an outside institution.
- Quarter credits will be converted to semester credits by reducing the total by 1/3 (i.e. 9 quarter credits = 6 semester credits)

Use “Tab” to move to next field of information

NAME _____ RUID# _____ DATE _____
 GRADUATE PROGRAM: _____
 DEGREE SOUGHT: _____
 CREDITS COMPLETED TO DATE: _____

Previous Degrees Earned

Institution	Dates Attended	Degree Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

I request the following be considered for transfer of credit:

I. Institution _____

Course Title	Course #	Credits	Semester/Year	Grade
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II. Institution _____

Course Title	Course #	Credits	Semester/Year	Grade
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III. Institution _____

Course Title	Course #	Credits	Semester/Year	Grade
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IV. Institution _____

Course Title	Course #	Credits	Semester/Year	Grade
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V. Institution _____

Course Title	Course #	Credits	Semester/Year	Grade
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VI. Institution _____

Course Title	Course #	Credits	Semester/Year	Grade
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Graduate Program Director

Total Credits: _____

Date: _____

DEAN'S OFFICE APPROVAL

Dean or Associate Dean

Approved Credits: _____

Date: _____