GEORGETOWN UNIVERSITY
SCHOOL OF CONTINUING STUDIES

CENTER FOR CONTINUING & PROFESSIONAL EDUCATION

Transfer Course Request Form

Full Name: _____

Phone: _____

Email: _____

Program: _____

Term: _____

I request to transfer the following course toward a CCPE non-credit certificate program:

Reason for Transfer Request *Provide a rationale for approval of the transfer courses listed below.*

Policy

Students may request to transfer <u>one</u> course completed at another accredited institution towards a CCPE open enrollment certificate program.

- ❑ The transfer request must be made before matriculation into current certificate/credential.
- ❑ The course must have been satisfactorily completed within (no later than) two years from start date of the current CCPE program matriculation.
- ❑ Transfer courses must address subject matter relevant to the CCPE program.
- ❑ One course per certificate program may be transferred from an outside program or institution.
- ❑ The transfer course cannot be a course that fulfills another certificate/credential requirement.
- ❑ Only courses with the passing grade code of "Satisfactory," "Pass," or at least a "C" grade can be considered for transfer.
- ❑ An official course description must accompany the transfer request form.
- ❑ Official documentation such as an official transcript from an accredited university or a signed letter from a professional organization must accompany the transfer request form.

➤ **This policy does not apply to application programs for which course transfers are prohibited e.g. Leadership Coaching.**

➤ **Georgetown CCPE retains the right to approve or deny transfer requests based on academic standards.**

Instructions:

1. Complete all required information.
2. Attach a course description and official transcript.
3. Submit this form:
- • **By Email** to ccpe@georgetown.edu
- • **By Fax** to 703-812-9324
- • **In person** to the front desk, 3101 Wilson Blvd., Suite 200, Arlington, VA 22201

Required Course			*Transfer Course*		
Course name	*Course #*	*Hrs*	*Course name*	*Course #*	*Hrs*

I understand that to permit transfer, the course must be similar in subject matter and comparable in the number of contact hours of a required course to ensure program academic rigor is maintained.

Student Signature _____   Date _____

For office use only:

Documentation Review & Evaluation (to be completed by university academic administrator)

Evaluation criteria

Official documentation received	Yes	No	NA	Date received: _____
Course covers required subject matter	Yes	No	NA	
Course completed within 2 years	Yes	No	NA	

Transfer request granted: Approved   /   Denied   If denied, reason: _____

Program Manager Name: _____   Signature: _____   Date: _____

CCPE Associate Dean Name: _____   Signature: _____   Date: _____

SCS Assistant Dean Name: _____   Signature: _____   Date: _____

Student GUID: _____   Posted to NCSIS: _____ (date) _____ (Registrar staff initials)