

Master of Arts in Counseling Saint Martin's University

REQUEST FOR TRANSFER CREDIT

Name: _____ Email: _____

Cell phone: _____ Alternate phone: _____

Title of the course you wish to transfer into the MAC Program: _____

*(Note: submit **one form for every course** you wish to transfer)*

Semester (or quarter) the course was taken: _____ Year: _____

Was the course taken at the graduate level **(required)**? Yes [] No []

Was the course taken in a CACREP accredited program **(required)**? Yes [] No []

Was the course worth 3 semester hours or 4.5 quarter hours **(required)**? Yes [] No []

Grade you received in this course: _____

In what ways is the course content consistent with the goals of the MAC Program?

Which MAC class (course number and title) are you proposing to replace with this transfer credit?

I propose to replace MAC _____

Be sure to attach the following documents to this form:

- 1. A copy of the syllabus for this class*
- 2. A copy of a college transcript showing this class*

Signature of Student: _____ Date: _____

Do not write below this line

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Concerns (if any): _____

Signature of MAC Chair: _____ Date: _____