

**REQUEST FOR TRANSIENT CERTIFICATION
(Transfer Credit Approval)
Graduate Admissions and Student Services**

Your Name: _____ Social Security Number: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Program of Study: _____ Year you entered Malone: _____

Transient Certification Desired for the: _____ (Semester/Quarter*/Term).
(Fall/Spring/Winter/Summer) Circle one

AT: _____ (College/University).

*A course offered as quarter credits transfers as two thirds (2/3) of the semester credit. For example, a four (4) quarter credit course will transfer as 2.66 semester credits.

Address: _____

City: _____ State: _____ Zip: _____

Reason for the Request: _____

COURSE(S) REQUESTED:*

MALONE COURSE

EQUIVALENT:

(Example)

Dept.	Course Number	Course Title	Credit Hours
EDUC	508	Educational Statistics	3

(If elective, write "Elective")

Dept.	Course Number	Course Title	-----
EDUC	510	Techniques of Research	

*Attach a course description

STUDENT INFORMATION:

- 1) Transient Certification will only be granted to graduate students in good academic standing at Malone College. (3.0 cgpa or higher)
- 2) Transient Certification is required prior to the taking of coursework at other Institutions. Course(s) may not be accepted at Malone if prior approval is not obtained through the Graduate Office.
- 3) When this request is approved by the Graduate Office, a copy of the form will be sent to the student.
- 4) It is each student's responsibility to know the transfer/transient policies of Malone College prior to seeking this status. (i.e., only credit transfers, grades do not; a **minimum grade of B** is required in the course for transfer back to Malone; Graduating student's transient work must be in the Office of the Registrar before the end of the semester or graduation may be delayed.)
- 5) The student must request an official transcript from the transient institution after the coursework has been completed. This official Transcript must be sent directly from the issuing institution to the Graduate Office at Malone College.

OFFICE USE ONLY: (Do not write in this section.)

HOURS COMPLETED: _____

ACTION: _____

C G P A: _____

APPROVED/DENIED

PROGRAM DIRECTOR

Copy w/ memo to Student _____

File Original in Student folder _____