



**VALPO**

**TRANSFER CREDIT APPROVAL FORM FOR CURRENT STUDENTS**

This form must be completed **prior to** taking the course(s) that you wish to transfer to Valparaiso University. Please return the completed form to the Office of the Registrar. Upon completion of the course(s) you must submit an **official transcript** from the institution attended. Following these steps will ensure your equivalency is processed accurately and in a timely manner.

This form may also be used if the student wishes to change the evaluation of current transfer credit that the student has transferred to Valparaiso University. Proceed to Step 2A after completing the personal information.

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Last First MI

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Class level:  FR  SO  JR  SR

Primary Major: \_\_\_\_\_ Name of Primary Advisor: \_\_\_\_\_

**REQUIREMENTS FOR TRANSFER CREDIT:**

- **Students must obtain approval from the Committee on Academic and Professional Standards to register at another institution ONLY for a Fall or a Spring semester while CONCURRENTLY enrolled during the SAME semester at Valparaiso University**
- College or university must be a regionally accredited institution (Example: a member of the North Central Association of Colleges and Schools).
- Student must earn a grade of 'C-' or better in a course to be transferred (unless a grade of 'C' is required at Valparaiso University).
- A minimum of one-half the number of credit hours required for any major, minor, or interdisciplinary program MUST be earned in residence at Valparaiso University. **Thirty of the last forty credits presented for a degree must be earned in residence and the last 10 credits must be taken at Valpo.**
- Course must be a college level course. Courses equivalent to COB courses numbered above 300 must be completed at a four-year regionally accredited institution.
- Transfer courses will not replace grades for previous resident work earned for credit at Valparaiso University, but the requirement will be met.
- Transfer courses are not included in your Valpo GPA.
- Quarter credits are accepted as follows: One quarter credit equals 2/3 semester credit (3 quarter credits equal 2 semester credits; 4 quarter credits equal 2.7 semester credits; 5 quarter credits equal 3.3 semester credits).

**TRANSFER INFORMATION**

Institution Name: \_\_\_\_\_ Course Name and Number: \_\_\_\_\_ / \_\_\_\_\_ Credits: \_\_\_\_\_

Term Course will be taken: Summer 20 \_\_\_\_\_ Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_  Semester Cr.  Quarter Cr.

**REQUIRED APPROVALS:** (Please refer to the Transfer Equivalency Guide on DataVU for a listing of current approved transfer courses. Bring a copy of the equivalency with you when you meet with your advisor) <https://datavu.valpo.edu/>

**Step 1: Transfer course is listed on the Transfer Equivalency Guide on DataVU, OR a College of Nursing major—Proceed to Step 2A. (Only proceed to 2B if articulating course specifically for student; otherwise, only 2A required).**

**Transfer course is not listed on the Transfer Equivalency Guide on DataVU**

Please provide the Dept. Chair a course description of the course to be articulated.

Valparaiso University equivalent:  Yes  No **If Yes, Valparaiso University course equivalent:** \_\_\_\_\_

**Dept. Chair of course or Dean (Dean for COB courses only) signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**PROCEED TO STEP 2A (Only proceed to 2B if articulating course specifically for student; otherwise, only 2A required).**

**Step 2A: Students enrolled in the College of Arts and Sciences, College of Business, College of Engineering (Nursing students proceed to 2D)**

Approved  Denied **Advisor Signature:** \_\_\_\_\_

**Step 2B: IF specific for student, use course for:** Department of: \_\_\_\_\_ Course Number: \_\_\_\_\_ Title: \_\_\_\_\_

Dept. Chair of course signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Step 2C: IF using an 'UND' course to fulfill a General Education requirement, please indicate which requirement :**

- Cultural Div  Humanities  Soc Sci  Natural Sci  Quant Analysis  THEO 200  Upper THEO

**Step 2D: Students enrolled in the College of Nursing**

Approved  Denied **Dean of College of Nursing:** \_\_\_\_\_ Date: \_\_\_\_\_

**Use course for:** Department of: \_\_\_\_\_ Course Number: \_\_\_\_\_ Title: \_\_\_\_\_