

**PROPOSED TRANSFER CREDIT
for Graduate Certificate Programs**

This form is required whenever transfer credit from another institution is proposed. The GO-11GC must be submitted and approved before the Graduate Certificate Program Completion Form can be approved. Approval of the GO-11GC early in the student's program is recommended, so the student will have sufficient time to complete any additional coursework which may be necessary to her/his program. An official sealed transcript from the originating institution must be attached if it is not already on file in the University Registrar's Office.

Name _____ SSN _____ Phone: day _____ other _____

Address _____ City _____ State _____ Zip _____

Graduate Certificate Program _____

Term of Admission to this Graduate Certificate Program _____

Transfer Credits For Graduate Certificate programs *only*, transfer credit is defined as eligible graduate credit taken at other accredited institutions. Two-thirds of the Graduate Certificate program requirements or 15 credits minimum, whichever is *larger*, is required to be taken at Portland State University. Individual programs may set more restrictive limits.

Credit cannot be transferred for the following: (1) courses for which a grade lower than B- was received; (2) courses graded Pass; (3) correspondence courses, television courses, and some short-term courses; (4) courses which will be more than seven years old at the time of awarding of the Graduate Certificate; (5) undergraduate courses; (6) courses not acceptable into graduate academic degrees without qualification at the originating institution; (7) courses used in a baccalaureate degree. Programs may have additional restrictions.

Transfer credits from other institutions are not computed in the PSU graduate GPA and are not entered on PSU's transcript.

| Term/Year | Course No. | Course Name from Transcript | No. of Cr. | Grade | Institution |
|-----------|------------|-----------------------------|------------|-------|-------------|
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TOTAL TRANSFER QUARTER HOURS REQUESTED _____

Remarks: _____

Signatures:

Student Signature: _____ Date _____

Signatures below indicate adherence to the requirements stated above and approval for transfer:

Adviser SIGNATURE Date Adviser Name, typed or printed

Program Coordinator SIGNATURE Date Program Coordinator Name, typed or printed

Office of Graduate Studies Date