

TRANSFER COURSE REVIEW FORM

Course from previous institution did not transfer into SCSU as an equivalent?

For students who are transferring a course which does not have a SCSU course equivalency, please use the “**TRANSFER COURSE REVIEW**” form (below) and follow the steps below:

1. Complete the top portion of the form with your name, ID, email, etc.
2. Schedule an appointment to review the courses with the appropriate academic department. For example, if you took ENGL 100 at your previous institution, and it transferred to SCSU as an ENGL elective, contact the ENGLISH department to determine if the course is equivalent to an SCSU course.
3. The academic department will complete the form and submit the form to the Office of Records and Registration, AS-118.

NOTE: The academic department may require you to submit one or more of the following supporting documentation:

- Course outline/description
- Course syllabus
- Sample assignments
- Other

For students who wish to appeal a transfer course decision, please see “[TRANSFER CREDIT POLICY APPEAL](#)” form.

For students who need an exemption to a Liberal Education Program (LEP) course decision, please use “[ACADEMIC POLICY EXCEPTION REQUEST](#)” form.

OFFICE OF RECORDS AND REGISTRATION
 ST. CLOUD STATE UNIVERSITY, AS 118
 720 4th AVENUE SOUTH
 ST. CLOUD, MINNESOTA 56301-4498
 PHONE: (320)308-2111 FAX: (320)308-2059
 Email: registrar@stcloudstate.edu

Transfer Course Reviews Must include documentation such as:

- Course outline/course description
- Course syllabus
- Sample Assignments/Exams
- Other (describe)

TRANSFER COURSE REVIEW FORM

Student Section:

SCSU Student I.D. _____ Date: _____

 First Name Middle Name Last Name

(_____) _____ Email: _____@stcloudstate.edu
 Area Code Phone Number

Transfer School Name: _____

Reviewing Department: _____ Date: ____/____/____

Transfer School Course Number(s) & Title(s)	SCSU Equivalent Course Number(s) & Title(s)

Department Section:

Transfer Review Decision (check one):

Approved: Student All Students (select **All Students** for display in Transferology)

Approved by: Name (Print): _____

Signature: _____ **Date:** ____/____/____

*** Return this form to the Office of Records and Registration, AS 118. Form will not be accepted without department signature.*