

## **Off-Campus Education Programs**

## Transfer Credit Consideration Form

Please complete this form **ONLY** if you are seeking to transfer credit from **graduate coursework** into this program and meet the following criteria:

- Graduate-level courses from other institutions submitted after starting this program will not be considered for transfer credit.
- A maximum of 6 semester hours of graduate-level credit will be transferred.
- Coursework must have been taken within the last three (3) years prior to admission to Concordia University Texas' M.Ed. program.
- The student must have earned a grade of "B" or better in the courses considered for transfer credit.
- Coursework transferred in must equate to coursework required in Concordia University Texas' M.Ed. program as evaluated by the College of Education.
- The student must select a Concordia University Texas course he/she believes is an equivalent course based on course descriptions found in the Concordia University Texas catalog on the university's website at <a href="Schedules, Calendar, Catalog">Schedules, Calendar, Catalog</a>

**PLEASE NOTE:** You must submit detailed course descriptions and/or course syllabi along with this form. Actual credit for courses will not be awarded until your official, sealed transcripts are received along with course descriptions, and you are fully accepted to the university. Transfer credit consideration will not be granted after the admission deadline. After submission of this form, please anticipate a two-week turnaround time for results.

Email, Fax or Mail this form, along with copies of your graduate transcript(s) and course descriptions/syllabi, to:

Emaii: admissions@concordia.edu		O Concordia University Drive, Austin, Texas 78726	g
Name:	First	Middle	
Phone:		Email Address:	
Program for which you are applying:			
Off-campus cohort location:			
Name and Course Number from Previous University		Concordia University Texas Equivalent Cou	ırse
		-	
	niversity Texas c	lease include the name, course number, previous univourse name on a separate page and attach to this requirel course work will transfer.	
Signature Statement:			
I, the undersigned, wish to request a review of considered, reflected on my transcript(s) from:	, .	sework, understanding no coursework over five years will	be
Name of Institution		Years Attended	
Name of Institution		Years Attended	
2 1 2		<del></del>	8
Student Signature		Date	