

Transfer Credit Request

Graduate School

Policy Submit this form **prior** to admission to a graduate program in order to have access to the information for program planning purposes. Bethel University reserves the right to determine which courses will be accepted in transfer, with the approval of the registrar.

1. Academic policy requires the student to complete at least 80 percent of the credits required in a master's degree program in residence. This limitation will be adhered to in the preparation of the final individual education plan (IEP).
2. Courses must be from a regionally accredited institution.
3. Courses must have been completed within three years of enrollment.
4. Courses must be clearly designated as graduate level.
5. A description of course content, such as that found in the college catalog or course syllabus, must be submitted with this form for the purpose of determining whether course(s) will be accepted in transfer.
6. Minimum acceptable grade is "C" (2.00 on a 4.00 scale) or "P" (pass on a pass/fail scale).
7. Official transcripts showing all credits must be received by the Graduate School.

Applicant Data

Please print.

Legal Name (last, middle, first) _____ Bethel ID # (if known) _____

Program

Check one.

Doctor of Education

Educational Administration

Master of Arts

- Communication Counseling Psychology Education K-12
 Gerontology Literacy Education Nursing: _____
 Organizational Leadership Teaching: _____
content area concentration

Master of Business Administration (MBA) **B.S./M.A. in Nursing Combined Option**

Master of Education

Special Education: _____
concentration

Education Licensure only

- Emotional/Behavioral Disorders K-12: _____ Learning Disabilities
content area
 Principal Secondary (5-12) _____ Superintendent
content area

Certificate

- Child and Adolescent Mental Health Literacy
 Nursing Education Postsecondary Teaching

Request for Transfer of Credit

Attach additional page if needed.

I request to transfer the following course(s) into my Bethel University graduate program:

School Name ¹	Year Taken ²	Course Number ³	Course Title ⁴	Grade Earned ⁵	Semester Credits ⁶

Applicant Signature _____ Date _____

(continued)

Applicant Data

*Please print,
then submit with
completed page 1.*

Legal Name _____ Bethel ID # (if known) _____

**Program Director
Authorization**

*Attach additional
page if needed.*

To be completed by program director

The following courses are acceptable for transfer into the program previously indicated:

School Name	Course Number	Equivalent Course in Program
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

The student is authorized to audit the following courses in the program:

Course Number	Course Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

A waiver is authorized for the student for the following courses in the program:

Course Number	Course Title
1. _____	_____
2. _____	_____

Program Director Signature _____ Date _____

Return to:

*Student must
submit both pages of form.*

CAPS/GS Academic Services
Graduate School—Bethel University, 3900 Bethel Drive, St. Paul, MN 55112

**For Internal
Use Only**

To be completed by Graduate School Academic Services

Bethel ID # _____ Cohort _____

Date _____ Init. _____
 _____ IEP prepared
 _____ IEP distributed
 _____ Audit permission forms sent to student and instructors as applicable