

**Permission to enroll at another institution
to take graduate courses for transfer to a CSU graduate program**

Graduate students already admitted to a master’s or certificate program and who wish to enroll at another regionally accredited institution and have credits applied to their CSU program, must obtain written approval **prior to enrollment**. Students must 1) obtain the signature of their graduate advisor on this form and 2) attach a photocopy of the official catalog copy of the course description for the course requested; and 3) obtain approval from the Dean of the School of Graduate & Professional Studies. All potential transfer courses satisfying master’s degree or certificate requirements must: 1) be graduate level (or for Social Work, advanced-level course); 2) be comparable to those taught at CSU; 3) be taken within the degree completion time limit; 4) not have been used for a prior graduate degree, and 5) be issued a grade of B or better. No more than 9 (non-CSU) credit hours may be accepted toward a degree program. Approved transfer credit is posted on the student’s record upon receipt of an official transcript in the School of Graduate & Professional Studies. The responsibility for submitting the official transcript rests with the student.

Students are strongly encouraged to refer to the CSU Graduate Student Catalog for official information on acceptance of transfer credit.

SSN:		Name:			
Address1:			Address2:		Phone:
City:	State:	Zip Code:	Email:		

Proposed institution and course information

Institution Taken	Course(s) Title	CRSE #	CR HR	TERM/YR	CSU Dept. & Crse # Equivalency	CR HR

I understand that it is my responsibility to request the university or college attended to mail an official transcript of my work to the appropriate department at Chicago State University.

Signature of Student _____ Date _____

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Chicago State University certifies that _____ SSN _____ is eligible and is in good standing, as of this date, to enroll for the _____ term at _____ for the courses listed above.

SIGNATURE APPROVALS

Graduate Advisor _____ Date _____
 Department Chair _____ Date _____
 Graduate School _____ Date _____

Office Use
<input type="checkbox"/> Official transcript Date Received _____
<input type="checkbox"/> Catalog description