

**COLGATE UNIVERSITY OFFICE OF THE REGISTRAR
APPLICATION FOR TRANSFER OF COURSE CREDIT**

Last Name First Name Initial ID # Class Year Concentration CU Box

- I understand that to be eligible for transfer, these courses must be appropriate to a Colgate course of study, taken at an accredited college or university, may not be taken S/U (or P/F), must be passed with a grade no lower than a C, and must not duplicate courses taken or to be taken at Colgate.
- I assume responsibility for having an **official transcript** of my grades in these courses sent to the Registrar's Office at Colgate University within 60 days of completion.

Name of Program AND College/University Location Term Dates

Credit System (circle one): Quarter Semester Other A Full time course load at this institution consists of a minimum of _____ credits/hours.

FOR DEPARTMENTAL USE ONLY

Subject & Course No.	Course Title	Number of Weeks	Contact Hours per Week	Credit hrs. or point value of course	Approved	Colgate course equivalent	Departmental approval if required (chair's signature)	Approved for concentration credit?

SEMESTER HOUR / QUARTER HOUR TRANSFER CONVERSION CHART

*Does not apply to foreign institutions

*NOTE:
Courses with a value
Of 1 or 2 semester
Hours or less than
5 quarter hours will
not be considered
For transfer credit.

Cumulative Quarter Hours transferred	Cumulative Semester Hours transferred	Colgate Course equivalents
5-8	3-5	1
9-13	6-8	2
14-19	9-12	3
20-25	13-16	4
26-31	17-20	5
32-37	21-24	6

FOR REGISTRAR'S OFFICE USE ONLY

Prior AP and transfer credits _____

New transfer credits approved _____

Total AP/Transfer credits _____

Registrar's Signature _____ Date _____

***Courses in English, the division of Natural Science/Mathematics or in a student's area of major or minor, require departmental pre-approval.**