



SIMMONS COLLEGE
 Office of the Registrar
 300 The Fenway, Boston, MA 02115
 Tel 617.521.2111 Fax 617-521.3144

PETITION TO TRANSFER CREDIT: FALL/SPRING SEMESTER

Student Name: _____ Simmons I.D: _____ Graduation Date: _____/_____/_____
 E-mail Address: _____ Phone Number: _____ Date: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Are you currently on a Leave of Absence? Yes • No •
2. Are you an active Simmons student and want to take a course at another institution while taking courses at Simmons at the same time? Yes • No •
3. Why have you decided to take this course at an institution outside of Simmons? Financial Reasons • Scheduling Conflicts • Other: _____

Please note that if you answered yes to Question 2 you will also need to Petition the Administrative Board for approval. The form to Petition the Administrative Board is located in our office and also on our webpage

REGULATIONS FOR UNDERGRADUATE TRANSFER OF CREDIT:

1. No credit is given for work done in a fall or spring session lasting less than three weeks.
2. Credit granted will never exceed the face-value credit assigned by the host institution.
3. The lowest grade accepted for transfer credit is C. If a pass/fail option is offered by the host institution, it is the student's responsibility to provide proof that the grade of 'Pass' represents the letter grade of 'C' or better. (Except to fulfill foreign language requirement.)
4. Quarter-hour credits transfer as two-thirds of a semester hour.
5. Fall or Spring courses to be considered for the foreign language requirement or concentration must receive prior approval from the appropriate Department Chairperson. Bring a course description with you when obtaining Department approval. Courses fulfilling modes need to be approved by the Registrar's Office.
6. Grades for course work accepted as transfer credit are not factored into the Simmons grade point average. Only credits are listed on the transcript.
7. Petitions submitted without the required signatures, course information, exact beginning and ending dates, and credit hours cannot be processed and will be returned to you.

Course Title & Course Number: _____

College/University: _____

Beginning date/End date (mm/dd/yy): _____

Days of week & times of day: _____

of credits being requested: _____

If fulfilling a Key Content Area or Mode of Inquiry, indicate which one: _____

Registrar Approval: _____

If fulfilling a Major requirement, indicate which one: _____

Department Chair Approval: _____

For foreign language requirement: Obtain the signature of the Modern Languages Department Chair.

I have read, understand, and will abide by the above regulations:

STUDENT'S SIGNATURE: _____

ADVISER: _____

PLEASE NOTE: An Official Transcript must be mailed directly to the Office of the Registrar upon completion of your course(s). This is the only way the credits will transfer.

FOR OFFICE USE ONLY: Approved By: _____ TOTAL CREDITS APPROVED: _____ Date: _____