Transfer Credit Request Form

Under limited circumstances, applicants may be awarded transfer credit for courses completed at the same degree level at other approved institutions. The maximum allowable number of transfer credits varies by degree program. Requests for transfer credit should be made prior to enrollment. Applicants should direct questions to an Admissions Representative.

(A separate form must be completed for each course for which the applicant is seeking transfer credit)

Name of Applicant: _____________________________________________________________________________________

Name of Course Previously Completed: _____________________________________________________________________

Name of Taft Course to be awarded credit: __________________________________________________________________

Is the Catalog description of the course attached? ____________________________

Yes  No

(Page Number of the course description ______)

Has the course been completed within the past seven years? ____________________________

Yes  No

(Three years for courses in taxation.)

(Semester course was completed on ________)

Is a transcript attached or previously submitted reflecting the grade and credit earned for the course? ____________________________

Yes  No

(Student copies are acceptable provided both sides are copied and explanatory notes attached)

Is documentation attached reflecting the minimum grade required for graduation from the awarding institution? ____________________________

Yes  No

(A Catalog or Student Handbook reference is normally sufficient.)

Have you submitted an Application for Admission form and paid the application fee? ____________________________

Yes  No

(Your application must be submitted concurrently with this form.)

Have you paid the transfer credit evaluation fee? ____________________________

Yes  No

(Your evaluation fee must be submitted concurrently with this form.)

Fees may be paid by credit card at www.ecomm.taft.edu.

If your answer to all of the above questions is “Yes”, send this form and related documentation to:

William Howard Taft University
600 South Cherry Street, Suite 525
Denver, CO  80246
(303) 867-1155
FAX: (303) 867-1156
Attention: Admissions Office

(Do Not Submit this form if the answer to any of the above questions is “No”)

Action Taken By the University: ________________________________________________________________

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Signature ____________________________  Date ________________