



REQUEST FOR TRANSFER CREDIT

For transfer credit from another university to be applied to the UB MSW Program

COMPLETED FORMS MUST BE SUBMITTED TO THE UBSSW ADMISSIONS OFFICE (689 Baldy Hall) FOR REVIEW.

Name: _____ Date: _____
Last First

Mailing Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () _____ E-mail Address: _____

UB Person Number: _____

If transferring graduate credit(s) to be applied to the MSW program, the course(s) must:

- 1) have been taken within the previous six years at an accredited institution;
- 2) have been earned at an accredited institution (content must be social work related);
- 3) have been graded "B" or better, with no S/U or Pass/Fail being acceptable;
- 4) be documented on an official transcript; and
- 5) be documented with a syllabus. Other documents may be requested

If transferring graduate credit for a required MSW Course(s), the above standards apply. In addition, the course must have been earned at a CSWE – accredited institution.

Transfer credit may only be granted if coursework meets the above criteria and directly (reflect/applies/matches) the University at Buffalo School of Social Work curriculum course requirements.

The UBSSW does not grant social work course credit for life experience or previous work experience.

In the space provided below, please indicate completed coursework you wish to request for transfer:

Course Number & Title:				
College/University:				
Semester & Year:		Credits:		Grade:
I would like the above listed course to be considered for: <i>(please select option and indicate credits)</i>				
	Elective course for _____ credits;			
	Foundation course for _____ credits;			
	Advanced year course for _____ credits.			

UBSSW Only:

Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Evaluated By: _____	Date: _____
Comments:			

Course Number & Title:								
College/University:								
Semester & Year:		Credits:		Grade:				
I would like the above listed course to be considered for: <i>(please select option and indicate credits)</i>								
Elective course for _____ credits;								
Foundation course for _____ credits;								
Advanced year course for _____ credits.								
UBSSW Only:								
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Evaluated By:				Date:		
Comments:								

Course Number & Title:								
College/University:								
Semester & Year:		Credits:		Grade:				
I would like the above listed course to be considered for: <i>(please select option and indicate credits)</i>								
Elective course for _____ credits;								
Foundation course for _____ credits;								
Advanced year course for _____ credits.								
UBSSW Only:								
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Evaluated By:				Date:		
Comments:								

Student Signature: _____	Date: _____
Student Services Coordinator: _____	Date: _____
Director MSW Program: _____	Date: _____

FOR OFFICE ONLY:
Approved course letter: <input type="checkbox"/> Student <input type="checkbox"/> Student File <input type="checkbox"/> Academic Records (Date sent: _____)