

## REQUEST FOR TRANSFER CREDIT

For transfer credit from another university or within the University at Buffalo to be applied to the UB MSW Program

**COMPLETED FORMS MUST BE SUBMITTED TO THE UBSSW ADMISSIONS OFFICE (685 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.
- 6) be within the permitted external credit allotment: 6 elective credits for traditional MSW, 3 elective credits for advanced standing MSW

**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>				
	<b>Elective course for _____ credits;</b>			
	<b>Foundation course for _____ credits;</b>			
	<b>Advanced year course for _____ credits.</b>			

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

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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.						
<b>UBSSW Only:</b>						
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Evaluated By:			Date:	
Comments:						

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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.						
<b>UBSSW Only:</b>						
Approved <input type="checkbox"/>	Not approved <input type="checkbox"/>	Evaluated By:			Date:	
Comments:						

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

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