

Austin Peay State University
Application for Transfer of Credit from a Non-Regionally Accredited
Institution of Higher Learning

Student's Name _____ Student ID No. _____
 Student's Major _____ Advisor _____ Phone _____

Austin Peay State University accepts credit from other institutions if the institutions are listed with an appropriate regional accreditation association. **Under normal circumstances Austin Peay does not accept credit from non-regionally accredited institutions of higher learning.** If you desire acceptance of courses completed at institutions not accredited by a regional accrediting association, this form must be completed for each course. Credit may be awarded only after review and approval by the appropriate academic department chair and dean. A course competency examination may be required as a part of this process.

The following factors will determine the decisions concerning the acceptance of transfer work:

1. The educational quality of the institution from which the student wishes credit as determined by the institution's accreditation.
2. The comparability of the nature, content, and level of credit earned to that offered by APSU (only specific course equivalency credit may be granted)
3. The appropriateness and applicability of the credit earned to the programs offered by APSU with regard to the student's educational goals.

ONE FORM IS REQUIRED FOR EACH COURSE PETITIONED FOR ACCEPTANCE

A transcript, course description from institution's catalog, syllabus with learning outcomes, and qualifications of instructor must be included. Courses must be taught by instructors who hold a masters degree and who have earned 18 graduate hours (documented) in the discipline of the course.

Transfer Institution Name:			
Department	Course Number	Transfer Course Title	Credit Hours
I recommend that this course is the equivalent to the following APSU course:			
Department	Course Number	Austin Peay State University Course Title	Semester Hours

TO BE COMPLETED BY AUTHORIZED APSU PERSONNEL:

Please review this request and the attached material to make specific transfer credit recommendations applicable to areas in your department. Please use the space below for your recommendations and comments.

I recommend: APPROVAL _____
 DENIAL _____ SIGNED _____ DATE _____
Department Chair

Department Chair: After your approval or denial, please forward to Parice Cheatham, Office of the Registrar.

I recommend: APPROVAL _____
 DENIAL _____ SIGNED _____ DATE _____
Academic Deans

*You may be admitted and enrolled before a decision is made regarding the credits earned at other institutions or by other alternatives. Credits may not be accepted from non-regionally accredited institutions.