Transfer Credit Request form

Undergraduate: Current CDM undergraduate students may elect to take additional courses at another college or university. However, if the student wishes to apply that credit to his/her degree in CDM, approval must be obtained prior to the term when the course is taken. Final approval is given by the Academic Success Center.

Graduate: Transfer credit is not widely accepted at the graduate level. However, in certain circumstances and with the approval of the student’s faculty advisor and the CDM Dean's Office, it will be considered. In all instances, a maximum of two courses will be considered for transfer into any CDM graduate degree program. Courses that have been applied toward a previously earned degree may not be applied as transfer credit. If approved, the credit transferred to DePaul University applies only to programs offered through the Jarvis College of Computing and Digital Media.

For your transfer credit request to be considered, please submit the following materials with this form:

All students:
1. Course description and/or syllabus

Graduate students should also submit:
1. Official transcript from the school where the course was completed
2. Written statement explaining why this course should be included as part of your degree program at CDM
3. Written statement that the course did not apply toward a previously earned degree (required if not clearly indicated on transcript as taken under a non-degree seeking status)

Kindly submit one form per course

Section 1 (to be completed by the student and submitted to the CDM Academic Success Center in DePaul Center 8500 or to advising@cdm.depaul.edu)

DePaul ID #: ____________________________
First Name: ____________________________ Last Name: ____________________________
Email: ________________________________ Phone: (____) ____-______________
Name of college/university: _______________________________________________________
Course number and title: ___________________________________________________________
DePaul CDM requirement you intend to satisfy with this course: __________________________
Student signature: __________________________ Date: __________________________

Section 2 (to be completed by the CDM Academic Success Center)

Academic Success Center __________________________ Approve ____ Deny ____ Date ____
Faculty Advisor __________________________ Approve ____ Deny ____ Date ____
Associate Dean __________________________ Approve ____ Deny ____ Date ____