



SIMMONS COLLEGE  
 Office of the Registrar  
 300 The Fenway, Boston, MA 02115  
 Tel 617.521.2111 Fax 617-521.3144

**PETITION TO TRANSFER CREDIT: FALL/SPRING SEMESTER**

Student Name: \_\_\_\_\_ Simmons I.D.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

1. Are you currently on a Leave of Absence? Yes  No
2. Are you an active Simmons student and want to take a course at another institution while taking courses at Simmons at the same time? Yes  No
3. Why have you decided to take this course at an institution outside of Simmons? Financial Reasons   
 Scheduling Conflicts  Other: \_\_\_\_\_

**\*Please note that if you answered yes to Question 2 you will also need to Petition the Administrative Board for approval. The form to Petition the Administrative Board is located in our office and also on our webpage\***

**REGULATIONS FOR UNDERGRADUATE TRANSFER OF CREDIT:**

1. No credit is given for work done in a fall or spring session lasting less than three weeks.
2. Credit granted will never exceed the face-value credit assigned by the host institution.
3. The lowest grade accepted for transfer credit is C. If a pass/fail option is offered by the host institution, it is the student's responsibility to provide proof that the grade of 'Pass' represents the letter grade of 'C' or better. *(Except to fulfill foreign language requirement.)*
4. Quarter-hour credits transfer as two-thirds of a semester hour.
5. Fall or Spring courses to be considered for the foreign language requirement, the modes requirement, or concentration must receive prior approval from the appropriate Department Chairperson. Bring a course description with you when obtaining Department approval.
6. Grades for course work accepted as transfer credit are not factored into the Simmons grade point average. Only credits are listed on the transcript.
7. **Petitions submitted without the required signatures, course information, exact beginning and ending dates, and credit hours cannot be processed and will be returned to you.**

Course Title & Course Number: \_\_\_\_\_

College/University: \_\_\_\_\_

Beginning date/End date (mm/dd/yy): \_\_\_\_\_

Days of week & times of day: \_\_\_\_\_

# of credits being requested: \_\_\_\_\_

If fulfilling Mode of Inquiry, indicate which one: \_\_\_\_\_

**Registrar Approval:** \_\_\_\_\_

If fulfilling a Major requirement, indicate which one: \_\_\_\_\_

**Department Chair Approval:** \_\_\_\_\_

**For foreign language requirement:** Obtain the signature of the Modern Languages Department Chair.

*I have read, understand, and will abide by the above regulations:*

STUDENT'S SIGNATURE: \_\_\_\_\_

ADVISER: \_\_\_\_\_

**PLEASE NOTE: An Official Transcript must be mailed directly to the Office of the Registrar upon completion of your course(s). This is the only way the credits will transfer.**

FOR OFFICE USE ONLY: Approved By: \_\_\_\_\_ TOTAL CREDITS APPROVED: \_\_\_\_\_ Date: \_\_\_\_\_