

# SCHOOL OF INTEGRATIVE HEALTH (SOIH) / NDMU

## TRANSFER CREDIT REQUEST FORM

1. Official transcripts from each institution on this form is required. The listed course must have a grade equivalent to 80% or higher.
2. Course syllabi are required for each course.
3. The transferred course(s) must have an equal or greater number of credits than the equivalent SOIH course.
4. Graduate academic courses may be used alone, in combination with other graduate academic courses, or in combination with life or professional experience such as trainings, certifications, licenses, etc. to demonstrate equivalency to an SOIH course. If using more than one graduate academic course to demonstrate equivalency to a single SOIH course, enter each transferring course in a separate line below, listing the same SOIH course in the "SOIH Equivalent Course" section.
5. Copies of additional supporting evidence (e.g., professional certification) should be submitted with this form if applicable.

**Student status (select one):**      **Current Student**                      **Applicant**

**Are you seeking transfer credit towards an Acupuncture program?**      **Yes**              **No**

**Student Name:** \_\_\_\_\_ **TRANSFER COURSE INFORMATION: ID:** \_\_\_\_\_

Institution Name	Course Number/Name (ex. BIOL 500)	Credits	SOIH Equivalent Course Number/ Name (ex. MUIH 500)	SOIH Course Credits	Equivalent Semester Credits *

**\*Reviewer Use Only:** When transfer requests are based on quarter credits, the quarter credits should be multiplied by 0.67 to calculate the equivalent semester credits. The type of credit system can be found on the back of the transcript.

Notification of a decision will be provided in writing to the student.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Send this form and all supporting documentation to [muih-transfercredit@muih.ndm.edu](mailto:muih-transfercredit@muih.ndm.edu).**