

## TRANSFER CREDIT REQUEST FORM

## **INSTRUCTIONS:**

- 1. Fill out the form completely and include all the information for each course.
- 2. Email this completed form and course syllabi for each individual course to the Office of Student and Academic Services at cph@unthealth.edu.

## **STUDENT INFORMATION:**

Student Name:	Student ID:					
Last		First				
Student Email:						
Select Degree:MPHMF	HAMS	PhD	Concentration:			
A student may transfer in up to 12 semental transfer credit is subject to approval of Only those courses with a grade of a B of	of the department chair and	d the course inst	ructor.		·	degree.
UNT Health Course you request Advanced Standing for:	Course taken at another university		Univ	versity Name	Semester/ Year	Semester Credit Hours/Grade Received
Example: BIOS 5300: Biostatistics for PH	STATS 6000: Statistics fo	r Health	University of Public	: Health	Spring 2013	3 SCH/A
Advisor Signature			ate			
Department Chair Signature			 Date			