

 **Office of Academic Services**

EAD 716

Phone: 817-735-0489

sphacademics@unthsc.edu

**Transfer Credit Request Form**

 **Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

A student may transfer in up to 12 semester credit hours of graduate level coursework completed at another institution toward completion of a degree. All transfer credit is subject to approval of the Department Chair and the instructor associated with the course. Only those courses with a grade of a B or higher or Pass in a Pass/Fail course from an accredited institution will be transferred.

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| **UNTHSC Course you wish to request transfer credit for:** | **Course taken at another university** | **University Name** | **Semester/Year** | **Semester Credit Hours/Grade Received** | **Syllabus Submitted to Academic Services** |
| Example:BIOS 5300: Principles of Biostatistics | STATS 6000: Statistics for Health Services | University of Public Health | Spring 2018 | 3 SCH/A | Yes |
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**Department Chair Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Office of Academic Services Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**