Transfer of Credit Request

Student Name: ________________________________  DU ID Number: ________________________________
Department: ____________________________ Degree: ______  Student’s Matriculation Term: ____________
Name of Transfer Institution: ________________________________________________________________

Please answer the following questions:

1. If the credit to be transferred was earned before the student matriculated at DU, is this request being made within the student’s first quarter of his/her DU program? Yes  No
   If no, please provide a memo stating why this request was not made within the first quarter of attendance.

2. If requesting individual courses for transfer, were the transfer credits earned within a five-year period preceding the transfer? Yes  No
   If no, please attach a statement of input from the department regarding each course to this form.

3. Please complete this form for one of the two options listed below.

Option 1:  Check here if you are requesting a posting of a master’s degree toward a doctorate.

   Total quarter hours to be posted: ______
   Required hours for the doctorate may be reduced by up to 45 quarter hours. The student may not reduce the number of hours required for the DU doctoral degree by more hours than were awarded for the Master’s degree.

   Degree Statement:
   Graduate Units requesting a master’s degree posting must provide a statement that the student’s master’s degree is appropriate and adequate background for the doctoral degree being sought. (Attach additional pages, if necessary.)

Option 2:  Check here if you are requesting individual classes to be transferred.

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*To convert semester hours (SH) to quarter hours (QH), use the following formula: SH x 1.5 = QH.

Student Request:
I request the transfer of credit indicated above be applied towards my degree at the University of Denver.

__________________________________________________________
Student Signature  ____________________________  Date

Department Approval:
I certify that, to the best of my knowledge, transfer credit requested has been evaluated on the basis of clear evidence from the official transcript, that the coursework was taken at the graduate level with an acceptable grade average of “B” or better, and that the request conforms to all guidelines established in the transfer of credit policy. I, therefore, recommend their approval to apply to the above degree.

__________________________________________________________
Signature of Department Chairperson  ____________________________  Date

Approved by the Associate Provost for Graduate Studies:

__________________________________________________________
Associate Provost  ____________________________  Date

Transfer of Credit Request Updated October 2015
The complete Transfer of Credit policy is available from the Graduate Policies and Procedures:
http://bulletin.du.edu/graduate/academicpoliciesandprocedures/transferofcredit.html.