



Return this form to Office of Graduate Education Mary Reed Building, Room 5 2199 S. University Blvd. Denver, CO 80208 Phone 303-871-2706 | Fax 303-871-4942 gradservices@du.edu

Transfer of Credit Request

Student Name: _____ DU ID Number: _____

Department: _____ Degree: _____ Student's Matriculation Term: _____

Name of Transfer Institution: _____

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. Please note, if only one course is to be transferred, the grade of 'B' is the minimum grade accepted. 'B-' grades are only accepted provided the average of all graduate transfer coursework is 'B' or better. Courses taken on a pass/fail basis are not acceptable for individual course transfer.

For the individual course(s) requested 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.

Table with 5 columns: Course #, Course Title, Year Earned, Credit Hours* (SH*, QH* to Transfer)

*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. I have read and am in compliance with the University of Denver's Transfer of Credit Policy. I am aware that the transfer of credit is required to be requested prior to the beginning of the first term but not later than the end of the first term of matriculation into my program. Transfer of credit requests for course work taken from another institution during the University of Denver's program of study needs to be submitted in the returning quarter and no later than the preceding term in which I intend to graduate. For transfer courses taken at an outside institution during my DU degree program, I confirm that I have received prior approval from my department and from the Office of Graduate Education. I understand that if I did not receive preliminary approval from my department and from the Office of Graduate Education, the courses I completed might not be approved to transfer into my degree program. I am aware that transfer credit is not included in the computation of the grade point average for my current degree.

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 _____

Vice Provost _____ Date _____