

Return this form to

Office of Graduate Studies

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:		Degree:	Student's Matriculation Term:		
Name of Transfer I	nstitution:				
1. If the credit to be quarter of his/her If no, please 2. If requesting ind Yes If no, please	r DU program? Yes provide a memo stating vividual courses for transfe	□No why this request was not n r, were the transfer credit at from the department reg	ated at DU, is this request nade within the first quarte s earned within a five-year garding each course to this	er of attenda r period pre	ance.
Tota Requ hour Deg Grac appr	rs required for the DU doc ree Statement: duate Units requesting a ma	ted: te may be reduced by up to toral degree by more hour aster's degree posting mus ground for the doctoral deg	o 45 quarter hours. The students than were awarded for the trovide a statement that the gree being sought. (Attach	he master's	degree. s master's degree is
Course #		Course Title	Year Earned	Cı SH*	redit Hours* QH* to Transfer
*To convert semester he	ours (SH) to quarter hours (QH),	use the following formula: SH	x 1.5 = QH.		
Student Request:	er of credit indicated abov		degree at the University of		
Department Appro I certify that, to the transcript, that the	val: best of my knowledge, tr coursework was taken at t	he graduate level with an	s been evaluated on the ba acceptable grade average , therefore, recommend the	of "B" or be	etter, and that the request
Signature of Department Chairperson			Date		
	ssociate Provost for Grad	uate Studies:			
Associate Provost			Date		