



Transfer of Credit Request

Before completing this form, please review the University's graduate transfer of credit policy found [here](#).

Student Name: _____ DU ID Number: _____

Degree Program: _____ Student's Matriculation Term and Year: _____

Name of Transfer Institution: _____

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.

Were the transfer credits earned within a five-year period preceding transfer?

Yes No If no, please attach a statement of input from the department regarding each course to this form.

Course #	Course Title	Year Earned	Credit Hours*	
			SH*	QH* to Transfer

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

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.



Student Confirmation

I have read and am in compliance with the University's Transfer of Credit Policy. I am aware that the transfer of credit request should be made prior to or during 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. 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 based on 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

FOR USE BY THE OFFICE OF GRADUATE EDUCATION ONLY:

Processed by the Office of Graduate Education: _____ Date: _____