

## Request for Transfer of Over 30% Unclassified Credits

| Student's Name: | Student #  |
|-----------------|--|
| Program:        |  |
| an unclassifie  | or the degree listed above, has requested that the following graduate work taken at UCCS as<br>ed student and/or as part of another graduate program be accepted as part of the<br>s for their current degree. |

Course Number Course Title Credit Hours Grade Semester/Year Taken

Provide explicit details on why the program is requesting more than 30% of total credit hours for degree and why the normal admission process was not followed for this student

| Recommended by:                                   |       |  |
|---|-------|--|
| Graduate Program Director/Coordinator (required): | Date: |  |
| Department Chair (if applicable):                 | Date: |  |
| College/School Office (if applicable):            | Date: |  |
| Approved by:                                      | Dute  |  |
| Graduate School:                                  | Date: |  |

Revised 02/06/2025