Request for Transfer Credit

Student's Name: _____   **Student #** _____

Program: _____

A candidate for the degree listed above, has requested that graduate work from the institutions listed below be transferred to their academic record at the University of Colorado Colorado Springs.

Conditions

1. A copy of an official transcript showing courses recommended for transfer must accompany this request. Courses recommended for transfer may only be courses that would be applicable towards a graduate degree at the institution at which the courses were taken.
2. Courses used toward one master's degree cannot be used toward another master's degree; appropriate courses used toward a master's degree may be used toward a doctoral degree.
3. Grades in the courses recommended for transfer must be no lower than B.
4. Institutions from which courses are recommended for transfer must be accredited.
5. Transfer credits must be listed by semester and year taken; to convert quarter hours to semester hours multiply the number of quarter hours by 2/3 (e.g., a 4-credit quarter hour course would transfer in at 2.64 semester hours at UCCS)
6. It is recommended that students have satisfactorily completed at least one semester in Graduate School at the University of Colorado Colorado Springs as a Regular Degree student before transfer of credit
7. Credit hours for courses transferred in may be used, but grades for courses are not factored into the UCCS GPA calculation.
8. Transfer credits may be applied to a graduate degree only with the approval of the program director/advisor. Each program will establish, with the concurrence of the Graduate School Policies & Procedures, the maximum number of semester hours (max 30% of the degree) that may be transferred from another accredited institution and applied toward the graduate degree, upon approval of the Graduate School.
9. Transfer courses must be validated if they will be more than 6 years old for master's degrees and 9 years old for doctoral degrees at the time of graduation. Validation is determined by each department with approval of the Graduate School.
10. Courses recommended for transfer must be equal in level to courses applicable towards a degree at UCCS in which student intends to complete.

It is recommended that the following courses be transferred:

If all classes cannot fit into this table, please use the extra table document found here. Provide this form, the extra table and transcript.

Institution	Title of Course	Subject	Course#	Grade	Original Credit Hrs. (if not semester)	Sem. Hrs.	Semester
How would you like the above course equated? Core Elective		**Course number (if core course):**		**Subject Code (if elective):**		**Comments (optional):**	
How would you like the above course equated? Core Elective		**Course number (if core course):**		**Subject Code (if elective):**		**Comments (optional):**	

How would you like the above course equated? Core Elective	Course number (if core course):	Subject Code (if elective):	Comments (optional):
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How would you like the above course equated? Core Elective	Course number (if core course):	Subject Code (if elective):	Comments (optional):

Recommended by:

Program Director/Coordinator (required): _____ Date: _____

Department Chair (if applicable): _____ Date: _____

College/School Office (if applicable): _____ Date: _____

Approved by:

Graduate School: _____ Date: _____

Institution	Title of Course	Subject	Course#	Grade	Original Credit Hrs. (if not semester)	Sem. Hrs.	Year taken
How would you like the above course equated? ____Core ____Elective		**Course number (if core course):**		**Subject Code (if elective):**		**Comments (optional):**	
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How would you like the above course equated? ____Core ____Elective		**Course number (if core course):**		**Subject Code (if elective):**		**Comments (optional):**	

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