



COLLEGE of GRADUATE STUDIES
THE UNIVERSITY OF TOLEDO

RETURN TO:	
College of Graduate Studies, Respective Campus	
Main Campus 3240 University Hall Mail Stop 933	Health Science Campus Mulford Library Room 117 Mail Stop 1042

Request for Transfer Credit

Instructions: Application for transfer of credit must be made to the student's advisor. The department/college will communicate its recommendation to the Graduate College by completing this form. The form with all approval signatures should be returned to the respective College of Graduate Studies Office for review and final approval. Please use one form for each institution transfer credit is requested. An official transcript from the accredited institution must be attached to this form. Transfer credit will not be processed from a copy. If the official transcript has already been sent, please attach a note indicating that it was sent previously.

Please note the following:

- All graduate credits requested for transfer must carry a grade of A, A-, B+, or B. Credit for an S grade may be transferred only if the grading institution verifies, in writing, that the S translates into a grade of B or higher. Research hours earned at another university are not transferable towards research hours for a project, thesis, or dissertation.
- Credit applied towards the master's degree and education specialist degree must have been earned within the period of six years immediately preceding the time the degree is awarded, credit applied for the doctoral degree must have been earned within seven years immediately preceding the time the degree is awarded (combined M.D./Ph.D. program limit is ten years).
- Credits earned at another University as part of a completed degree are not transferable.
- Credits taken at a foreign institution are not transferable.

Student Information	
Name: _____	Rocket ID: _____
Degree Sought: _____ Program: _____	

Off-Campus Course Information	
Name of University: _____	Check one: Semester <input type="checkbox"/> Quarter <input type="checkbox"/>

Course Number on Transcript	Course Title	Term Completed	Credit(s)	Grade	UT Equivalency*

*If no UT equivalency exists, please indicate "General Credit."

College Approval		
_____	Signature	Date
Advisor (printed)		
_____	Signature	Date
Chair or Program Director (printed)		
_____	Signature	Date
Associate Dean, Degree Program (printed)		

College of Graduate Studies Approval	
_____	Date
Signature	