

## Office of Student Success MET 5th Floor

Email CONStudentSuccess@unthsc.edu

## **Transfer Credit Request Form**

Student Name:			Student ID Number:		
All transfer credit is subje	ct to approval of the Dep	hours of graduate level con partment Chair and the inst lited institution will be tran	ructor associated with th		completion of a degree. urses with a grade of a <b>B</b> or
UNTHSC Course you wish to request transfer credit for:	Course taken at another university	University Name	Semester/Year	Semester Credit Hours/Grade Received	Syllabus Submitted to Academic Services
Example: BIOS 5300: Principles of Biostatistics	STATS 6000: Statistics for Health Services	University of Nursing	Spring 2023	3 SCH/A	Yes
Indicate which courses are	approved:		Indicate which courses a	re denied:	
Assoc. Dean Initial:		Track Coo	ordinator Initial		