GRADUATE TRANSFER CREDIT AUTHORIZATION

INSTRUCTIONS TO ACADEMIC DEPARTMENT PERSONNEL: This form should be completed by the academic department once the student’s supervisory committee has approved transfer credit for the student’s current graduate program of study. Submit the form directly to the Office of Admissions at 250 S SSB or fax at (801) 585-7864. The Office of Admissions will strictly adhere to University policy regarding transfer credit. See criteria below.

APPROVAL CRITERIA REQUIRED TO POST GRADUATE TRANSFER CREDITS TO A STUDENT’S ACADEMIC RECORD:
1. Graduate credit may only be transferred from other regionally-accredited institutions.
2. Credits transferred from another institution may be used for only one degree.
3. Students must be formally admitted to a graduate program of study.
4. Up to six semester hours of transfer credit may be applied toward fulfillment of graduate degree requirements at the University of Utah.
5. The courses must have a letter grade of “B” or higher.
6. “Credit only” grades are not acceptable.
7. Course work must be recommended by the student’s supervisory committee, and taken within four years of semester of admission to the University of Utah for master’s students and within seven years of semester of admission to the University of Utah for doctoral students.

CHECK ONE: Domestic Student _____ International Student _____

STUDENT NAME ___________________________________________  ___________________  ___________________
First Middle Last

SID# ___________________ STUDENT’S ACADEMIC PROGRAM ___________________________________________

NAME OF INSTITUTION STUDENT ATTENDED _______________________________________________________

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<thead>
<tr>
<th>Term/Year Attended</th>
<th>Course #</th>
<th>Course Title</th>
<th>Credit Hours Earned</th>
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To the best of my knowledge, the courses listed above have not been used to meet requirements for a previous degree received from the University of Utah or another institution of higher education.

Authorized Signature ___________________________________ Date ____________
(Supervisory Committee Chair/Director of Graduate Studies)

Academic Department Contact Phone Number _________________________________

FOR OFFICE OF ADMISSIONS USE ONLY

Graduate Transfer Credit Posted to PS record by _____________________________  Date posted ____________