

TRANSFER OF CREDIT REQUEST

All transfer credits should be completed during the first semester and must be completed before the semester in which the student plans to graduate. No transfer requests will be accepted for review for non-degree students. All requests for transfer credit must be accompanied by a copy of the transcript showing the course(s) in question. Some academic units, such as The Naveen Jindal School of Management, hold the student responsible for attaching syllabi to the transfer request.

Name (please type or print) Student ID# _____

Transfer credits to be applied to _____ degree at UT Dallas.

Degree sought (circle one): MBA MS MA MPA Other _____

Concentration _____

Address City, State Zip Code

Work phone Home phone Cell phone E-mail address

UTD course to be replaced by transfer course: _____
Prefix & Course # Course Title

For a course to be transferred, the student must have completed an equivalent graduate level course at another accredited university with a grade of B or better. UTD does not award transfer credit for experiential learning, performance or work experience. Transfer course grades will not be averaged into your overall UTD GPA. Applicable coursework cannot be more than 6 years old for master's degrees; more than 8 years old for students whose master's degrees are accepted for full credit; or more than 10 years old for doctoral degrees.

Course the student is submitting to replace the UTD course:

Course #	Course Name	Hours Credit	Grade	Institution	Date Taken

If this course is in a different discipline than the degree program, please attach an explanation of relevance of the course to be transferred for the student's research (for doctoral students, for their dissertation topics).

The applicant's file has been reviewed and the school/department signature(s) below certify that the transfer credits requested are a solid basis for graduate work in our UTD program. Either the original transcript or copy of same, coursework description/syllabi are attached
(Circle)

APPROVED DENIED Need more information _____

(If Applicable) APPROVED - VALID UNTIL (DATE): _____

Faculty Member/Instructor/Advisor Date

Department Head Date

Associate Dean Date