

REQUEST FOR
TRANSFER OF CREDIT

UNIVERSITY OF LOUISVILLE

TO: DEAN OF THE GRADUATE SCHOOL

Recommended by the Department of: _____ Graduate Education Status _____

Authorizing Departmental Signature: _____

Student Name: _____ Student ID#: _____

Please transfer: _____

NOTE: Only courses less than six years of age with grades of B or better (B- is not acceptable) can be recommended for transfer.

<u>Number</u>	<u>Title</u>	<u>Hours</u>	<u>Grade</u>	<u>Semester Taken</u>	<u>UL Equivalent</u>
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Courses taken at: _____

Rationale if requesting more than 6 hours: _____

Approval of Graduate Dean

Date