

**TRANSFER OF GRADUATE  
CREDIT FORM**

**UNIVERSITY of LOUISVILLE®**

**To: Unit Dean**  
**Cc: Dean of School of Interdisciplinary and Graduate Studies**

**Date:**

**Recommended by the Department of:**

**For Graduate Education Students:**

**Authorizing Departmental Signature:**

**Program Plan/Degree:**

**Student:**

**ID:**

**Please transfer:**

<b>Number</b>	<b>Title</b>	<b>Hours</b>	<b>Grade</b>	<b>Semester Taken</b>	<b>UL Equivalent</b>
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**Courses taken at:**

**(Please indicate if the official transcript is attached or has been scanned.)**

**If requesting more than 6 credit hours, please complete the required "Variance Request Form." The form can be found at the following web address: <https://graduate.louisville.edu/forms> You must log in to complete the form.**

**Date**

**Approval by Unit Dean**