

**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:

Number	Title	Hours	Grade	Semester Taken	UL Equivalent
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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