

Transfer Credit Request

Please fill out this form as it applies and attach a course description or syllabi and an official transcript.

To Be Completed By Student <i>or</i> To Be Completed By Department for Dental Hygiene & Respiratory Care Completion Students ONLY			
Last	First	Middle	Date
UTHSCSA ID#		Degree Program	
Address			Phone
I am requesting credit for one or more of the following (check all that apply):			
<input type="radio"/> External institution transfer credit		<input type="radio"/> UTHSCSA transfer credit	<input type="radio"/> Continuing Education Units (CEU)

I request credit for the following course(s) in lieu of approved course(s) at UTHSCSA.
Fill out Part A and/or Part B as applicable.

A.

<i>Course from External Institution</i>				
Name of Institution	Course subject and number	Equivalent UTHSCSA Course subject/No.	Credit hr.	Sem. taken

B.

<i>Internal Transfer Credit</i>				
Course subject and number	Program	Equivalent UTHSCSA Course subject/No.	Credit hr.	Sem. taken

Transfer Results/Credit Award (please check one of the following): No credit awarded Full credit awarded

UTHSCSA Course Director _____ Date _____

UTHSCSA Assoc. Dean _____ Date _____

Registrar's comments:
Registrar's signature _____ Date _____