

Petition for the Transfer of Courses

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| --- | --- | --- | --- |
| Student Name: | Enter text. | URID: | Enter text. |
|  |  |  |  |
| Program: | Choose program | Date: | MM/DD/YYYY |

***Instructions:*** *Read the instructions document regarding the criteria and procedures for transferring credit to the SMD. The completed form, with appropriate initials should be submitted to the Office for Graduate Education and Postdoctoral Affairs (G-9556 or Box 316). A course description, course syllabus and* ***official transcript*** *with course highlighted should be included.*

***Guidelines for Transfer Credit:***

* *Course must be at the graduate level. Undergraduate courses are not eligible for transfer.*
* *Course must be completed within 5 years of the date of matriculation.*
* *Course must be an integral part of the proposed program of study.*
* *A grade of B- or higher must be received.*

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| **Course(s) Taken or to be Taken at Other Institution(s)** | | | | |
| **Course #** | **Title** | | **Credits** | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| **School of Medicine and Dentistry Equivalent** | | | | |
| **Course #** | **Title** | | **Credits** | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| Course | Title | | Credits | |
| **Course Director Approval** | | | | |
| **Approved** | | **Course Director Name** | | **Initials** |
| Yes  No | | Director name | |  |
| Yes  No | | Director name | |  |
| Yes  No | | Director name | |  |

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| Course Director 1 Comments | | | | | | | |
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| Course Director 2 Comments | | | | | | | |
|  | | | | | | | |
| Course Director 3 Comments | | | | | | | |
|  | | | |  | | | |
| Senior Associate Dean Signature | Date | Comments | Approved | |  | Denied |  |
|  | | | | Revised 05/2018 | | | |