

Transfer Credit Request

Name: _____
Last
First
Middle Initial

Student ID: and/or NetID: Phone: _____

Email address: _____

Degree Sought: _____ Field of Study: _____

MAJOR ADVISOR'S NAME (TYPED)
MAJOR ADVISOR'S SIGNATURE

Submit this form with the official transcript and approved plan of study

1. Course to be Transferred:

_____ Course Subject, Number, Title

Institution	Grade	Semester	Year	# of Credits
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UConn Equivalent Course:

_____ Course Subject, Number, Title

_____ # of Credits

2. Course to be Transferred:

_____ Course Subject, Number, Title

Institution	Grade	Semester	Year	# of Credits
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UConn Equivalent Course:

_____ Course Subject, Number, Title

_____ # of Credits

3. Course to be Transferred:

_____ Course Subject, Number, Title

Institution	Grade	Semester	Year	# of Credits
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UConn Equivalent Course:

_____ Course Subject, Number, Title

_____ # of Credits