

233 Glenbrook Road, U-4077 Storrs, CT 06269-4077

Phone: 860-486-6214 Fax: 860-486-0062

Email: degreeaudit@uconn.edu

Transfer Credit Request (Graduate Students only)

Name:					
Last		First	irst Middle Initial		
Student ID:	and/or NetID:				
Degree Sought:	Field of Stud	dy:			
IAJOR ADVISOR'S NAME (TYPED OR PRINTED)		MAJOR ADVISOR'S ORIGINAL OR ELECTRONIC SIGNATURE			
Submit this form with the Transfer courses from: Non-L	e official transcrip Degree	ot (for external credit trans Undergraduate	sfer) and approve	d plan of study stitution	
1. Course to be Transferred:					
	Course Subject, Number, Title				
Institution	Grade	Semester	Year	# of Credits	
UConn Equivalent Course:					
		Course Subject, Number, Title		# of Credits	
2. Course to be Transferred:					
•		Course Subject, Number, Title			
Institution	Grade	Semester	Year	# of Credits	
UConn Equivalent Course:					
		Course Subject, Number, Title		# of Credits	
3. Course to be Transferred:				-	
		Course Subject, N	Course Subject, Number, Title		
Institution	Grade	Semester	Year	# of Credits	
UConn Equivalent Course:					
-	Course Subject, Number, Title			# of Credits	

