



## TRANSFER CREDIT REQUEST

FIRST NAME

LAST NAME

STUDENT ID # (SEVEN DIGITS)  NETID  PHONE

EMAIL

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

**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, Number, Title

Institution  Grade  Semester  Year  # of Credits

**UConn Equivalent Course:**   
Course Subject, Number, Title # of Credits