



# UCONN

# THE GRADUATE SCHOOL

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152  
TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

## TRANSFER CREDIT REQUEST

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

STUDENT ID # (SEVEN DIGITS) \_\_\_\_\_ NETID \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DEGREE SOUGHT \_\_\_\_\_ FIELD OF STUDY \_\_\_\_\_  
(exactly as listed in graduate school catalog)

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