Transfer Credit Request
University of Dayton
Graduate School

Department of ......

I recommend that (student name) ....be permitted
............................toward a ....Degree in ....

Courses and/or Under Consideration

Academic Institution: ......

Course Title: .....

Course #..... ....Year Taken ..... # Cr. Rec'd. ....Grade .....

UD Course Equivalent: ..... # UD Semester Credit Hours .....

Academic Institution: ......

Course Title: .....

Course #..... ....Year Taken ..... # Cr. Rec'd. ....Grade .....

UD Course Equivalent: ..... # UD Semester Credit Hours .....

Academic Institution: ......

Course Title: .....

Course #..... ....Year Taken ..... # Cr. Rec'd. ....Grade .....

UD Course Equivalent: ..... # UD Semester Credit Hours .....

Are these the only transfer credits requested thus far? YES NO If NO, number of transfer credits already approved: .....

Explanation for acceptance: .....

Submitted by: _____ Date: _____
　　　　　　Chairperson or Graduate Program Director
Approved by:

_____ Date: _____
Associate Dean

_____ Date: _____
Graduate Academic Affairs

　　Official transcript is attached.
　　An official transcript is on file in the Registrar's office.