GRADUATE
TRANSFER REQUEST RULES

1. All transfer requests must be completed within the student's first year of admission into the degree program.

2. Applicable coursework cannot be more than 6 years old.

3. No transfer request forms will be accepted for review for non-degree seeking students.

4. Only courses with grades of A or B will be considered for transfer credit review.

5. Applicable coursework must be from an accredited college or university.

6. If transfer credit course was earned from a foreign university, an official explanation of the course numbering system must be attached to the transfer request form.

7. UTD does not award transfer credit for experiential learning, performance or experience that occurs prior to enrollment.

8. Transfer requests of courses earned in a distance-learning format will be considered on a case-by-case basis.

9. Students may not apply for graduation in the same semester in which they complete a transfer course or preapproved course at another university.

10. Transfer course grades will not be averaged into student’s overall UTD GPA.

11. Student must provide an official transcript, copy of course description (and if requested a syllabus) for the transfer credit course to be included with each transfer request form.

12. Transfer request forms will take an average of 3 - 4 weeks for processing. Once the student has submitted the form to the Management Advising Office, the form is forwarded for review to the corresponding academic area and Admissions and Records Office.

By signing, I indicate that I have read and fully understand the information outlined above and will submit this signed page with my Transfer Request(s).

Student: __________________________ Date: ________________
TRANSFER REQUEST - GRADUATE

STUDENT
- A SIGNED COPY OF THE TRANSFER REQUEST RULES MUST BE SUBMITTED WITH THIS FORM.
- ONCE TRANSFER REQUEST REVIEW IS COMPLETE, AN EMAIL NOTIFICATION WILL BE SENT TO THE STUDENT. IF TRANSFER IS APPROVED, IT WILL BE ADDED TO THE STUDENT’S ACADEMIC FILE

Transfer Request submitted to Advising Office on: ____________________

_________________________ __________________________
Name (please print) UTD ID

_________________________ __________________________
UTD Email Address Primary phone

Degree Sought at UTD:
☐ MBA ☐ MS in ____________________________ ☐ Dual MBA/MS in ____________________________

UTD course to be replaced by transfer course:

_________________________ __________________________
UTD Prefix and Course # UTD Course Title

Course the student is submitting to replace the UTD course (can list only ONE):

<table>
<thead>
<tr>
<th>Course #</th>
<th>Course Name</th>
<th>Credit Hours</th>
<th>Grade</th>
<th>Institution</th>
<th>Date Taken</th>
</tr>
</thead>
</table>

OFFICIAL REVIEW

The institution’s accreditation has been confirmed by the Admissions and Records office: ☐(email attached)

Corresponding Faculty ☐ Approved ☐ Denied ☐ Need more information

Signature: __________________________ Print Name: __________________________

Area Coordinator ☐ Approved ☐ Denied ☐ Need more information

Signature: __________________________ Print Name: __________________________

If additional information is required, please indicate below:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________