



Graduate School

UNIVERSITY OF COLORADO
DENVER | ANSCHUTZ MEDICAL CAMPUS

Request for Transfer of Credit

Date:

Student Name:

Student Number

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Campus AMC DDC

Degree, Program:

List courses exactly as they appear on the transcript, including course title, course number, and credit hours.

Institution	Title of Course	Course Number	Grade	Sem/Qtr Hours	Term/Year Taken

Graduate School Use Only

Approval Notes:

The above student has requested that graduate work from the institution listed below be transferred to his/her record at the University of Colorado Denver | Anschutz Medical Campus. It is recommended that the following course(s) be transferred:

Recommended By:

Name

Signature

Student's Advisor

Date:

Dept. Chair or Program Director

Date:

Transfer of Credit Approved:

Graduate School Dean

Date:

Official Transcripts showing courses recommended for transfer must be attached to this request.