



Request for Transfer of Graduate Credit

Student Name \_\_\_\_\_ ID Number \_\_\_\_\_

Expected Graduation Term/Year \_\_\_\_\_ Degree \_\_\_\_\_

Program \_\_\_\_\_ Email \_\_\_\_\_

Student Signature \_\_\_\_\_

Note: signature attests that the student and course meet all of the criteria listed below.

Criteria for Acceptable Transfer Credit:

- 1. Only graded courses (not research hours) are subject to transfer.
2. The course must have been regularly offered (not special problems or individual study) by a regionally accredited graduate school.
3. The course must have been a bona fide graduate level course, approved for graduate credit and taught by a member of the graduate faculty.
4. The course must appear on an official transcript as graduate credit from the institution offering the course.
5. The course grade must be a "B" or "A." (The student's grade-point average is NOT to include grades on transfer courses.)
6. The course must be recommended by the student's major adviser and be applicable to the degree requirement at the University of Arkansas.
7. The course must not have been taken by correspondence or for extension credit.
8. The course must be acceptable to the department concerned and to the Graduate Dean.
9. The student must have satisfied the 24-credit hour residence requirement. (The student must have satisfactorily completed a total of 24 hours of graduate course work taken in residence.)
10. The course must have been taken within the six-year time limit of the student's program at the University of Arkansas.

Note: Graduate credit cannot be transferred to satisfy any of the requirements for the M.B.A. degree unless the school at which the course was taken is accredited by A.A.C.S.B. This requirement is not specified by the Graduate School, but by the Graduate School of Business.

Official transcript(s) must be submitted with this request if not already on file with Graduate School.

Institution Name & City: \_\_\_\_\_

Course Title \_\_\_\_\_ Grade \_\_\_\_\_

Subject & Catalog# \_\_\_\_\_ # Credit Hours \_\_\_\_\_ Term/Year Taken \_\_\_\_\_

Institution Name & City: \_\_\_\_\_

Course Title \_\_\_\_\_ Grade \_\_\_\_\_

Subject & Catalog# \_\_\_\_\_ # Credit Hours \_\_\_\_\_ Term/Year Taken \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Head or Graduate Coordinator Signature \_\_\_\_\_