Graduate Transfer Course Form

GRADUATE SCHOOL
4202 East Fowler Ave, BEH 304
Tampa, FL 33620
TEL: (813) 974-2846
http://www.grad.usf.edu/

Name: _____ **Date:** _____
Last **First** **M.I.**

Street:_____ **U-ID:** _____

City/State/Zip:_____ **Phone #** _____

College/Dept:_____ **Admitted to Graduate Program:**

USF Major/Concentration Code: _____ **Year / Semester:** _____

Total Minimum Hours Required for Degree: _____

Accepted Courses:

Course	Institution	Date Taken	Semester Hours	Grade

_____ _____ _____ _____
Advisor / Department Signature **Date** **College Dean / Designee Signature** **Date**

_____ _____
Graduate School / Designee Signature **Date**

Note:

1. **Refer to Transfer of Credit Policy for specifics options and compliance requirements.**
2. **Transfer work must be posted to the student's Permanent Record no later than one full term prior to his/her graduation.**
3. **Advisor/Department: Please attach official transcript for non-USF credit transfer request or an unofficial transcript for USF credit transfer request.**

Office of the Registrar
4202 East Fowler Ave, SVC 1034
Tampa, FL 33620-6950
Phone (813) 974-2000 Fax (813 974-5271
www.registrar.usf.edu

OFFICE USE ONLY
Date Processed:_____
By:_____

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