UNIVERSITY OF ARKANSAS GRADUATE SCHOOL
REQUEST FOR TRANSFER OF GRADUATE CREDIT TAKEN AT OTHER ACADEMIC INSTITUTIONS FOR MASTER'S PROGRAM

STUDENT'S NAME: _____ ID NUMBER: _____-_____-_____
last first middle

DEGREE PROGRAM (e.g., AGRN/MS): _____

Criteria for Acceptable Transfer Credit:

1. The course must have been regularly offered by a regionally accredited graduate school.
2. The course must not have been used to satisfy a requirement for any degree previously granted.
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 student desiring to transfer graduate credit must have been enrolled as a graduate student in the graduate school at the institution offering the course.
5. The course must appear on an official transcript as graduate credit from the institution offering the course.
6. The grade on the course must be a "B" or "A". (The student's grade point average is NOT to include grades on transfer courses.)
7. The course must be recommended by the student's major advisor and be applicable to the degree requirement at the University of Arkansas.
8. The course must not have been taken by correspondence or for extension credit.
9. The course must be acceptable to the department concerned and to the Graduate Dean.
10. The student must have satisfied the 30-week state residence requirements. (The student must have satisfactorily completed 10 or more hours in any given semester or a total of 30 hours of course work.)
11. The course must have been taken within the time limit of the student's program at the University of Arkansas.
12. Credit from foreign universities is not acceptable for transfer because of academic and procedural differences between U.S. regionally accredited and foreign institutions.

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 College of Business Administration.

Supply all of the following information regarding **proposed transfer(s) of credit:**

Institution and City:

Course Number:

Course Title:

# of Credits to transfer:

Grade:

Semester & Year:

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CLASS ⌊⌋⌊⌋⌊⌋⌊⌋ ⌊⌋⌊⌋⌊⌋⌊⌋

Will this course substitute for a **specific** degree requirement? _____ If Y, what course? _____
Y or N course alpha number

Institution and City:

Course Number:

Course Title:

# of Credits to transfer:

Grade:

Semester & Year:

FOR GRAD SCHOOL USE ONLY

CLASS ⌊⌋⌊⌋⌊⌋⌊⌋ ⌊⌋⌊⌋⌊⌋⌊⌋

Will this course substitute for a **specific** degree requirement? _____ If Y, what course? _____
Y or N course alpha number

An official transcript (NOT issued to student) must be on file in the Graduate School office or submitted with this request.

Approved: _____
Advisor's Signature

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Action: Approved ☐ Denied ☐ No action taken ☐

Comments: _____

Office of the Graduate School: _____ Date: _____