



TRANSFER OF GRADUATE CREDIT TOWARDS DOCTORAL DEGREE

This form must be completed by the department.

Students are expected to complete all coursework at UTSA. Exceptions must meet conditions for transfer of credit and require approval of the appropriate Graduate Program Committee, the college's Associate Dean, and the Dean of the Graduate School. Work counted towards a degree at another institution cannot be transferred.

STUDENT INFORMATION

Student Name _____

Banner ID _____

Degree Program _____

Date _____

Highest Education Level Completed: Baccalaureate Master's Doctoral

Type of Program: Post Master's Post Baccalaureate

It is required to attach transcript(s), the syllabus or course description, and evidence that the university where the course was taken is accredited.

COURSES TO BE TRANSFERRED

Name of Institution	Semester Taken	Course Number and Name	Hours	Equivalent Grade	UTSA Equivalent Course	Credits to be used to fulfill the requirements below
						Section of Catalog _____
						Section of Catalog _____
						Section of Catalog _____
						Section of Catalog _____
						Section of Catalog _____
						Section of Catalog _____
						Section of Catalog _____
						Section of Catalog _____
						Section of Catalog _____

* The courses listed above must have a grade of B or better, be from an accredited university, and not have been used in another degree program.

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If transfer courses will be substituted, please provide the justification in the section below.

JUSTIFICATION FOR SUBSTITUTION OF COURSES

APPROVALS

Time Limit for Completing Doctoral Degree: Doctoral students have a time to degree completion of eight years comprised of six years from admission to candidacy and two years for dissertation.

- The courses requested for transfer do not exceed the time limit for completing the degree.
- This degree program requires _____ hours and the GPC recommends approval of _____ transfer hours. The majority (over 51%) will be completed at UTSA.

Graduate Advisor of Record, Signature

Print Name

Date

Approve Disapprove

Department Chair, Signature

Print Name

Date

Approve Disapprove

Associate Dean, Signature

Print Name

Date

Approve Disapprove

THE GRADUATE SCHOOL

Based on the College's recommendation, I hereby Approve Deny the request

Vice Provost and Dean of The Graduate School, Signature

Date