Graduate School
125 Chapman Hall
(541) 346-5129

Request for Transfer of Graduate Credit

To the Dean of the Graduate School, University of Oregon: I request transfer of graduate credit as listed below. An official transcript of the courses listed must accompany this form if course work was completed at another institution. Approvals are subject to regulations in effect regarding transfer policy. **Fill in the form on-screen. Handwritten forms will not be accepted.**

STUDENT NAME: _____ STUDENT NUMBER: _____

Last _____ First _____ MI _____

CURRENT ADDRESS:

Street/Apt. Number _____ City _____ State _____ Zip Code _____

STUDENT CLASSIFICATION: _____ MAJOR: _____ E-MAIL ADDRESS: _____

INSTITUTION	TERM/YEAR	COURSE #	COURSE NAME	EQUIVALENT TERM HRS	GRADE

Name of UO School or Department: _____

Student Signature: _____ **Date:** _____

DEPARTMENTAL ACTION: ☐ Approved ☐ Disapproved

Print
Clear All
Back

_____ _____
Signature of Advisor

_____ _____
Signature of Dean or Department Head

GRADUATE SCHOOL ACTION: ☐ Approved ☐ Disapproved REMARKS:

_____ _____
Signature of Dean of the Graduate School Date

Distribution: Graduate School Registrar Department Student

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