

TRANSFER CREDIT REVIEW FORM

Date: _____

Student Name : _____ SID: _____ Major: _____

Student E-Mail: _____ Phone: _____

CU DENVER EQUIVALENCY / SUBSTITUTION (course has been accepted in transfer).

| TRANSFER COURSE DEPARTMENT NUMBER & TITLE | SEM HRS | INSTITUTION | UCDHSC SIMILAR CONTENT COURSE DEPARTMENT NUMBER & TITLE | ACCEPTED IN MAJOR | APPLIES AS | |
|--|------------|-------------|--|-----------------------------|----------------------------|--|
| | | | <i>If none leave space blank.</i> | <i>Check One:</i> YES NO | <i>Check One:</i> UD LD | |
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REQUEST FOR TRANSFER CREDIT (course was not initially accepted in transfer)

| COURSE DEPARTMENT NUMBER & TITLE | SEM HRS | INSTITUTION | UCD SIMILAR CONTENT COURSE DEPART/MENT NUMBER & TITLE | ACCEPTED IN MAJOR | APPLIES AS | |
|----------------------------------|------------|-------------|--|-----------------------------|----------------------------|--|
| | | | <i>If none leave space blank.</i> | <i>Check One:</i> YES NO | <i>Check One:</i> UD LD | |
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Course table entries will be made for all students unless otherwise indicated. If any transfer course(s) should be entered for this student only, please indicate make a note below.

NOTES: _____

Department Signature: _____ Date: _____

College or Dean Signature: _____ Date: _____