



# Graduate School

UNIVERSITY OF COLORADO  
DENVER | ANSCHUTZ MEDICAL CAMPUS

## Request for Transfer of Credit

Date:

Student Name:

Student Number

Campus  AMC  DDC

Degree, Program:

List courses exactly as they appear on the transcript, including course title, course number, and credit hours.

Institution	Title of Course	Course Number	Grade	Sem/Qtr Hours	Term/Year Taken

Graduate School Use Only  
Approval Notes:

The above student has requested that graduate work from the institution listed below be transferred to his/her record at the University of Colorado Denver | Anschutz Medical Campus. It is recommended that the following course(s) be transferred:

### Recommended By:

Name

Signature

Student's Advisor

Date:

Dept. Chair or Program Director

Date:

### Transfer of Credit Approved:

Graduate School Dean

Date:

**Official Transcripts showing courses recommended for transfer must be attached to this request.**