



# University of New Hampshire

Graduate School, Thompson Hall, 105 Main Street, Durham, NH 03824-3547

## TRANSFER CREDIT (External to UNH) REQUEST FORM

Student Name: \_\_\_\_\_  
Last First Middle Student ID Number

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
(Include Area Code)

Program \_\_\_\_\_  Masters  PhD Admitted: \_\_\_\_\_ Year \_\_\_\_\_

I have successfully completed the following graduate level courses at the below university and request to have the credits transferred to graduate degree at UNH.

Name of School: \_\_\_\_\_ An official transcript from this institution must accompany this form. The transcript must show the credits earned and grade received. Transfers cannot be processed without a transcript.  Transcript attached  Transcript on file

Dept	Course #	Course Title	Grade	Credit Hours	Semester	Year	Credits to be used to fulfill the requirements checked below:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Substitute for req'd courses: _____ Course <input type="checkbox"/> Elective
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Substitute for req'd courses: _____ Course <input type="checkbox"/> Elective

A maximum of two courses for up to **eight (8) credits** can be applied to a Master's or Doctoral program. Courses must be at the **Graduate Level** and cannot have been used or be in the process of being used in earning another graduate degree or have been taken while completing a bachelor's degree. A grade of **B** or better must have been earned. Transfer of credits does not reduce the total number of credits required to complete a degree program. **An official transcript showing the credits and grade(s) earned must be provided.**

\_\_\_\_\_  
Graduate Program Adviser's Signature  Approve  Deny \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_  
Graduate Program Coordinator's Signature  Approve  Deny \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_  
Graduate School Signature  Approve  Deny \_\_\_\_\_ Date \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_Registrar \_\_\_Department \_\_\_Student