



UNIVERSITY
ST. THOMAS
HOUSTON

Transfer of Credit Approval Form

Office of the Registrar

Date: _____

Name: _____

Student ID# _____

Signature: _____

Phone Number: _____

A. Student Information

Notes:

1. SENIORS: Unless an exception is granted, your last 36 hours MUST be taken in residence at UST. Appeal for an exception may be made to the Academic Committee. (See the Registrar's Office for a petition form.)

2. If the courses listed below are not completed in the semester shown, this authorization will no longer be in effect.

3. Courses must be passed with a "C" (2.0 GPA) or higher. You will only receive "credit" for the transfer courses, not the grades.

4. Transfer courses may not be used to replace courses already taken at UST. (See "Repeating Courses" in the UST catalog.)

Instructions: (NOTE: You must receive approval prior to enrolling in a course for transfer credit.)

5. Complete transfer course information below. Please include the equivalent UST course.

6. Obtain approval and signature of your academic advisor.

7. Obtain approval and signature of the chairman of the related UST department(s).

8. Return the completed form to the Degree Auditor in the Registrar's Office.

9. Once the course is completed, you must submit an official transcript to the Registrar's Office

Major: _____ Academic Standing (at end of current semester) : FR SO JR SR
y

Expected Graduation Term : Fall 20____ Spring 20____ Summer 20____

Total # of hours transferred to UST (maximum allowed is 90): _____ Total # of hours completed at UST: _____

B. Course Information

Transfer Institution: Name _____ Location _____

Transfer Course: Dept. _____ No. _____ Title _____ Hrs: _____ Semester: _____

UST Course: Catalog No. (e.g., POSC 2332) _____ Title _____

Department Chair Approval: Name _____ Signature _____ Date: _____

Transfer Institution: Name _____ Location _____

Transfer Course: Dept. _____ No. _____ Title _____ Hrs: _____ Semester: _____

UST Course: Catalog No. (e.g., POSC 2332) _____ Title _____

Department Chair Approval: Name _____ Signature _____ Date: _____

C. After all signatures have been obtained, return the form:

In person: Herzstein Enrollment Services Center

By Mail: Enrollment Services 3800 Montrose Blvd. Houston, TX 77006

By Email: registrar@stthom.edu (from your stthom.edu account)

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