TRANSFER OF CREDIT APPROVAL FORM

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

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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