

Transfer of Credit - Graduate

Office of the Registrar



UNIVERSITY OF ST. THOMAS

Student Information

Student ID#: _____

Name: _____

Date: _____

Program: _____

Course Information

The following courses have been accepted in transfer and are to be applied toward program named above:

Institution	Semester /Year	Course Number and Title	UST Equivalent Course	Hours
Total Hours Accepted in Transfer				

The following courses have been exempted from program named above:

UST Course Number and Title	Replacement (Yes/No)	Hours Exempted
Total Hours Exempted		

Dean/Program Director Approval

Please submit form to graduation@stthom.edu.

Name: _____

Signature: _____

Office Use Only

Signature: _____

Date Processed: _____