



Transfer of Graduate Credit Request

Student Name _____ Program _____ OHSU Student ID _____ Date _____

The above student requests that the course(s) listed below, completed by the student at the specified university, be applied as credit toward the student’s degree program. An original school transcript and a copy of each course description or syllabus is attached to this form.

Transfer University _____

Term/Year Completed	Course Number and Name	Grade	# Credit hours & Semester or Quarter credits?	Equivalent quarter credit hours*	Apply to Degree Requirement (specify the requirement this course will count for or ‘elective’, and the number of credits to apply)
e.g. Fall 2019	EPI 501: Intro to Epi	A	3, Semester	4.5	Apply 4 credits towards EPI 512
Sum (total credits being applied):					

* To convert semester credits to quarter credits, multiply by 1.5

APPROVALS

Program Director _____ Program Director Signature _____ Date _____

Associate Dean _____ Associate Dean Signature _____ Date _____

**Please submit this form as an attachment to sphregistration@ohsu.edu.
Use the subject line “Transfer of Graduate Credit, [Your Name]”**