

TRANSFER OF GRADUATE CREDIT TOWARDS A GRADUATE DEGREEE

Guidelines

Appropriate graduate work earned at other institutions, subject to the approval of the director of the graduate program or chair of the major department and certification by the Graduate College, may be transferred to UTRGV for degree credit. Individual graduate degree programs may accept fewer hours or have additional requirements.

A course may be transferred only if:

1. Student is in a current graduate degree program and in good academic standing.
2. The course is equivalent to a graduate-level course at UTRGV or is appropriate for elective credit at the graduate level within the student's degree program; the grade for the course is not less than C; grades of C- are not transferrable.
3. The course was not taken at such a date that it would extend the student's time for achieving the degree beyond the approval limit for the graduate program (seven years for a master's program and 10 years for a doctoral program).
4. Courses have not been used toward another degree program.
5. Coursework earned on the quarter system is normally calculated at two-thirds of the credit for courses offered on a semesterly basis. Thus, a three credit-hour course taken on the quarter system may be transferred as no more than two credit hours.
6. UTRGV will not accept dissertation courses for transfer to fulfill the dissertation hour requirement for a degree.
7. The completed form, along with the official transcript, must be submitted solely via DocuSign. No other formats will be accepted.

TRANSFER OF GRADUATE CREDIT TOWARDS GRADUATE DEGREE

Master's Degree

Doctoral Degree

If transfer courses will be substituted, please provide the justification in the section below:

JUSTIFICATION FOR SUBSTITUTION OF COURSES

APPROVALS

The courses requested for transfer do not exceed the time limit for completing the degree.

This degree program is _____ hours and the Graduate Coordinator or Director recommends approval of ____ transfer hours.

_____	_____	_____	Approve	Disapprove
Program Coordinator/Director Signature	Print Name	Date (MM/DD/YYYY)		
_____	_____	_____	Approve	Disapprove
Department Chair, Signature	Print Name	Date (MM/DD/YYYY)		
_____	_____	_____	Approve	Disapprove
Dean, Signature	Print Name	Date (MM/DD/YYYY)		

GRADUATE COLLEGE

Based on the program's recommendation, I hereby Approve Deny the Request

Dean, Graduate College, Signature

Date (MM/DD/YYYY)