

## TRANSFER CREDIT REQUEST FORM

Admissions Office 101 Wilder Tower Memphis TN 38152-3520 Phone (901) 678-2111 - Fax (901) 678-3053

Section I - To be completed by the student										
Name:										
	Last First							Middle		
Banner ID (U#)							ail			
Phone							DC	ОВ		
First Term at The U of M						nr.	•	•	Degree Sough	t·
University or college at which the student intends to enr							date	s of attendance.	Bogioo Coagii	
,										
Name of School 2 vr						or 4 yr		From (month/yea	nr) To (month/	vear)
Transfer Course Transfer Course Title				Sem Hrs Cr			U of M Course Equivalent		Sem Hrs Cr	
e.g. ACCT		e.g. Prin Accounting I			3	UD	LD	e.g. ACCT 2010		e.g. 3
					UD	LD				
					UD	LD				
					UD	LD				
						UD	LD			
						UD	LD			
						UD	LD			
						UD	LD			
					UD	LD				
						UD	LD			
Check here to certify that you have read and understand all the <a href="transfer courses regulation/">transfer courses regulation/</a> policies and residence requirements for graduation from the University.  • A student will satisfy residence requirements for graduation by earning at least twenty-five (25) percent of credit hours required for the degree at the University of Memphis.										Submit Button Goes Here
<ul> <li>At least thirty (30) of the final sixty (60) hours required for the degree must be completed at the University of Memphis.</li> <li>A student cannot earn upper division credits at a community or junior college.</li> <li>A student transferring credits from a two-year college or institution must complete, as a requirement for the baccalaureate degree, a minimum of (60) sixty semester hours in an accredited senior (four-year) institution.</li> </ul>									Print Button Goes Here	
Section II - Only necessary to be completed and signed by the student, academic advisor, and graduation analyst if any course listed above is not currently included in the University of Memphis' Transfer Equivalency Table.										
<u> </u>			,				,			
Student Signature						Date				
Advisor: Please review the information above to ensure that the courses listed will contribute to the student's academic plan.										) <i>.</i>
Please print advisor's name and campus ext.						Adviso	r App	roval Signature		Date
Dean/Director/Grad. Analyst Approval Signature Date								Chair of Major Approval		Date