

**University of Colorado Colorado Springs  
Graduate School**

REQUEST FOR TRANSFER OF OVER 12 UNCLASSIFIED CREDITS

TO: Dean of the Graduate School  
University of Colorado Colorado Springs

FROM:

DATE:

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\_\_\_\_\_  
(Student Name) (Student ID)

applied for admission to the Graduate School \_\_\_\_\_  
(Program/Degree)

for \_\_\_\_\_  
(semester/year)

It has been requested that the following graduate work taken at UCCS as an unclassified student and/or as part of another graduate program be accepted as part of the requirements for the master's degree.

Course Number	Course Title	Credit Hours	Grade	Sem/Yr Taken
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**Provide explicit details on why the program is requesting more than 12 credit hours and why the normal admission process was not followed for this student.**

Recommended by: \_\_\_\_\_ (Date) \_\_\_\_\_  
(Program Advisor)

Recommended by: \_\_\_\_\_ (Date) \_\_\_\_\_  
(Department Chair)

Approved by: \_\_\_\_\_ (Date) \_\_\_\_\_  
(Graduate School)