The University of Portland

GRADUATE SCHOOL 5000 NORTH WILLAMETTE BOULEVARD PORTLAND, OREGON 97203-5798 (503) 283-7107 / FAX (503) 283-7399 TDD (503) 283-7484 / E-MAIL: < gradschl@uofport.edu >



Name			Date	V-VI		
tudent ID#			Graduate	Graduate Program		
meet the criteria as set	forth in the Gra	duate School Academi	te degree program a c Regulations. Of pa	t the University of Portland rticular note are the follow	d provided they ing:	
 Must be courses from Must be acceptable for program. 			tion, and appropriat	e for the University of Port	land graduate	
3. Must be at the level of	of "B" or higher. (Courses graded "Pass"	or "Credit" are not a	cceptable.		
4. Must be courses com				•		
5. May not be courses to	aken by correspo	ondence, television, o	audio or video cass	ette.		
6. Nine semester credit						
An official copy of the t	ranscript listing	the course or courses	to be transfered mu	st be sent to Graduate Scho	ol.	
Application: I request	the transfer of o	credit for the following	COURSES:	•••••••••••••••••••••••••••••••••••••	•••••	
Institution	Year/Sen	·	Title	Grade	Sem Hrs Qtr. Hrs.	
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Signature				Date		
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☐ Recommended	\square Not recommended					
			Graduate Program Di	Graduate Program Director/Date		
\square Approved \square Not approved						
			Dean/Date			
Semester credit hours approved for transfer:			Total semester	Total semester credit hours transferred to date:		
Copy: Registrar (White) Program Director (Pink)				Original transcript on file with Registrar \Box		
Graduate School (Yellow) Student (Gold)				Original transcript attached		
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