



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

OFFICE OF THE UNIVERSITY REGISTRAR
4301 JONES BRIDGE ROAD BETHESDA, MARYLAND 20814-4799
www.usuhs.edu

Request for Graduate Transfer Credit Form (Currently Enrolled USU Students)

This form must be turned into the USU Office of the University Registrar (OUR) **before** the course is taken with required program approval for currently enrolled students. This document will be stored in the student file and used to post USU credit once the official transcript is received by the OUR.

Currently Enrolled Graduate Students must seek program approval before taking a course outside of USU. Course equivalencies (core or elective) indicated on this document will be used toward USU degree requirements. Please contact OUR should you have any questions on completing the required information on this form.

Forms are submitted to usutranscript@usuhs.edu with the subject header: **TRANSFER APPROVAL FORM**

All transfer credits from courses successfully completed at outside institutions are transcribed with a 'CR' grade and not calculated into the USU qualitative measurement of GPA.

Student Section:

Student Name: _____ Student ID: _____

Program/ Degree: _____ Email Address: _____

Will this course be taken through the Washington DC Consortium? Yes No **(If Yes, include instructor information and dates below)**

Instructor Name and E-mail: _____

Course Start Date: _____ Course End Date: _____

Description in how the course will be used towards USU degree

Academic Program Section:

Course(s) to be approved for transfer evaluation:

- College/University Name: _____
 Course Code and Title from External Institution: _____
 Credit Hour: _____
 USU Course or Degree Equivalency: _____
 USU Course Credit Hour Amount: _____
 Will this course fulfill Core _____ or Elective _____ Requirements? **(Please check one)**

2. University/College Name: _____
 Course Code and Title from External Institution: _____
 Credit Hour: _____
 USU Course or Degree Equivalency: _____
 USU Course Credit Hour Amount: _____
 Will this course fulfill Core _____ or Elective _____ Requirements? **(Please check one)**

OFFICIAL USE ONLY:

Approved: _____
 Denied: _____

Associate Dean Name: (Print): _____

Associate Dean Signature: _____ Date: _____

Courses taken at an external institution without an exact USU course equivalency may be considered for **Elective course credit** using the categories below according to the program requirements. Semester credits will be awarded in accordance with the USU Instruction on Transfer Credit.

Direct course equivalencies should include the USU course code and course title (will not have to use the elective equivalencies below).

<p><u>Analytics</u> ANYS 5901 – Analytics Elective I ANYS 5902 – Analytics Elective II ANYS 5903 – Analytics Elective III ANYS 5904 – Analytics Elective IV</p> <p><u>Basic Science</u> BSCI 5901 – Basic Science Elective I BSCI 5902 – Basic Science Elective II BSCI 5903 – Basic Science Elective III BSCI 5904 – Basic Science Elective IV</p> <p><u>Bio-Behavioral Science</u> BISC 5901 – Bio-Behavioral Science Elective I BISC 5902 – Bio-Behavioral Science Elective II BISC 5903 – Bio-Behavioral Science Elective III BISC 5904 – Bio-Behavioral Science Elective IV</p> <p><u>Leadership</u> LDSP 5901 – Leadership Elective I LDSP 5902 – Leadership Elective II LDSP 5903 – Leadership Elective III LDSP 5904 – Leadership Elective IV</p>	<p><u>Methods</u> MTDS 5901 – Methods Elective I MTDS 5902 – Methods Elective II MTDS 5903 – Methods Elective III MTDS 5904 – Methods Elective IV</p> <p><u>Research</u> RSCH 5901 – Research Elective I RSCH 5902 – Research Elective II RSCH 5903 – Research Elective III RSCH 5904 – Research Elective IV</p> <p><u>Social Science</u> SSSC 5901 – Social Science Elective I SSSC 5902 – Social Science Elective II SSSC 5903 – Social Science Elective III SSSC 5904 – Social Science Elective IV</p> <p><u>Theory</u> THRY 5901 - Theory Elective I THRY 5902 - Theory Elective II THRY 5903 - Theory Elective III THRY 5904 - Theory Elective IV</p>
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OFFICE OF THE UNIVERSITY REGISTRAR:

Date Received: _____ OUR Representative Name: _____

Date Posted: _____ Date Student Notified: _____

OUR Comments: