| (See Article 9.7, Graduate School Policy Handbook for guidelines) | Student Name | |
|--|--------------------------|---------------------------|
| Submit to Graduate School Rm. N204 | BCM ID #: | Grad Prgm: |
| | Matric | ulation Date at BCM: |
| Rules (see GSBS policy 9.7 Transfer of Credit): Course must be taken at the graduate level with grade of B or high | ner. | MD/PhD: |
| Course must have been taken within 5 years of date of matriculatio | n at BCM and not applied | to a previously-conferred |
| degree No more than 60 term hrs (30 semester hrs) may be submit No more than 24 term hrs can be transferred toward the 30 require | | Nurse work |
| Course work completed outside the US considered on a case-by-ca | | Juise work. |
| Official Transcript required along with course syllabus and lecture of | | |
| Transfer Type Codes (for final column in grid below): | | |
| A - Request transfer credit for a required course on the student's deg | ree plan | |

Student Name

- B Request transfer credit for an elective course toward the student's degree plan
- C Request transfer credit toward total completed hours only

TRANSFER OF CREDIT Request

- D Request to waive degree requirement based on previous graduate work completed (not for transfer)
- E Other:

Baylor College of Medicine

GRADUATE SCHOOL

BOTH AN OFFICIAL SCHOOL TRANSCRIPT AND COURSE SYLLABUS/OUTLINE MUST BE ATTACHED. REQUESTS WILL NOT BE CONSIDERED WITHOUT THESE DOCUMENTS.

| Name of School | Major | Degree Earned | Date Earned |
|----------------|-------|---------------|-------------|
| | | | |

| Course Title from other University/College | Course Number | Semester Hrs. | Term Hrs. | Grade | Proposed Baylor Course for Transfer (title) | Course Number | Term Hours | Transfer Code |
|--|------------------|------------------|--------------|-------|---|------------------|---------------|------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

*If transfer is to replace a specific GSBS course, the number of hrs. transferred cannot exceed those of the course it is replacing.

Total Transfer Requested: _____&

REQUIRED APPROVALS:

| Graduate Program Director: | Graduate Program Curriculum Chair: | Student's Major Advisor (if appointed) | For Promotions Committee Use Only |
|----------------------------|------------------------------------|--|-----------------------------------|
| Signature: | Signature: | Signature: | Approved Denied |
| Date: | Date: | Date: | Date: |
| | | | Signature: |