



**Graduate Transfer Course Form**

**USF St. Petersburg Graduate Studies**  
140 Seventh Avenue South, BAY 204  
St. Petersburg, Florida 33701-5016  
Telephone: (727) 873-4567 Fax: (727) 873-4889  
[www.stpt.usf.edu/spgrad](http://www.stpt.usf.edu/spgrad)

**SECTION I. STUDENT INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Street: \_\_\_\_\_ U-ID# \_\_\_\_\_

City/State Zip \_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_ **Admitted to Graduate Program**  
College/Department Fall Term \_\_\_\_\_  
USF Major/Concentration Code Spring Term \_\_\_\_\_  
Summer Term \_\_\_\_\_  
Total Minimum Hours Required for Degree \_\_\_\_\_

**Accepted Courses:**

Course	Institution	Date Taken	Semester Hours	Grade

\_\_\_\_\_  
Advisor/Department Signature Date Dean/Director Signature Date  
USF St.Petersburg Graduate Studies Date

**Please Note:**

1. Maximum of 12 semester hours transferred, taken as a USF non-degree seeking student.
2. Maximum of 9 semester hours transferred from another graduate school, or 3 courses.
3. Form must be signed by the Associate Vice Chancellor for Research & Graduate Studies if requesting any transfer over the maximum.
4. Transfer work must be posted to the student's Permanent Record no later than one full term prior to his/her graduation.

<p><b>Office of the Registrar</b> 4202 East Fowler Avenue, SVC 1034 Tampa, FL 33620-6950 Phone (813) 974-2000 Fax: (813) 974-5271 <a href="http://www.registrar.usf.edu">www.registrar.usf.edu</a></p>	<b>OFFICE USE ONLY</b>
	<p>Date _____ Processed: _____ By: _____</p>