



*With the approval of the department and the School of Graduate Studies, transfer credit may be granted for graduate work completed in another program, provided that the course(s) has not been credited towards another degree, diploma, certificate or any other qualification. Transfer credit will be limited to one full course or 25% of the program course requirements, whichever is greater.*

*Students participating in an approved exchange program on the recommendation of their graduate unit may receive transfer credit for up to 50% of the course requirements for their degree. They may also complete language requirements while on the exchange. Transfer credit arrangements for exchange program participants must be approved in advance by the School of Graduate Studies.*

**SECTION 1: To be completed by the student and Graduate Department**

Name \_\_\_\_\_ Student No. \_\_\_\_\_

Department \_\_\_\_\_ Degree \_\_\_\_\_

Course Number and Title	Credit Weight (half/full)	Institution Where Taken	Session	Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I request transfer credit for the above course(s) toward my \_\_\_\_\_ degree program at the University of Toronto.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The University of Toronto respects your privacy. Personal information that you provide to the University is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admissions, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the Freedom of Information and Protection of Privacy Act. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Coordinator at 416-946-7303, McMurrich Building, Room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

Graduate Coordinator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form with a copy of the student's transcript to the School of Graduate Studies.**

**SECTION 2: For SGS. use only**

Transfer Credit:  Approved  Refused

Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_