

REQUEST FOR TRANSFER CREDIT OR ADVANCED STANDING

Advanced standing is awarded to a student upon demonstration of acquired knowledge of a course's content through university or professional course. It does not reduce the credit hours or tuition and fees required; the courses must be replaced with GRST 994, other courses or research hours.

Transfer credit is awarded when a student has successfully completed coursework at an accredited institution that has not been used to satisfy another academic credential. This coursework may be transferred to the University of Regina and reduces the overall credit hours and the tuition by the number of courses accepted. Please see the Graduate calendar for complete details.

*Use this form for advanced standing or transfer credit for courses completed before current UofR program started.

*If you are transferring between programs use the Request for Transfer Within a Graduate Program rather than this form.

This form should be submitted by the student with their application to FGSR or to their academic unit during their first semester.

STUDENT INFORMATION

Last or Family Name	First Name	Middle Initial	UofR Student Number (if available)
E-mail address:	Degree:	Major and Route:	

REQUEST

To be completed by Student			To be completed by Graduate Coordinator		
Completed course or designation (name and title, if applicable)	Institute that offered course or designation	Date completed	Request type: (advanced standing or transfer credit)	Requirement fulfilled	Replacement course (for advanced standing)

- For courses, attach the course syllabus and official transcripts with final grade, if not already included in application.
- For a Designation, attach proof that the designation was awarded (unless this is already included in application).
- An additional page of information may also be attached.

Student Signature: _____

Date: _____

APPROVAL

Comments:					
Graduate Coordinator's Printed Name:			Graduate Coordinator's Signature:		Date:
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Associate Dean of Faculty Name:		Associate Dean of Faculty Signature:	Date:
Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>	Dean FGSR Printed Name:		Associate Dean of FGSR Signature:	Date: