**Rehabilitation Science PhD Program**

Graduate Transfer of Credit

Transfer of credit requests **must be made no later than the student’s third semester**. No more than 30 credits of a master’s degree from another institution will be transferred to a doctoral program. Any courses beyond the master’s degree must be taken at an institution offering the doctoral degree to be considered for credit transfer.

For credits taken as part of a previous professional program (e.g. DPT, OTD, etc.) there is a cap of 9 credit hours which can be transferred to the PhD program.

All courses to be transferred must be graduate-level, letter-graded with a grade of B or better, and must be demonstrated to relate directly to the degree being sought. Most practice-oriented and entry-level professional program courses do not qualify.

Coursework eligible for credit transfer should be completed within the last seven years. This time period is tracked from date of degree conferment of previous graduate program to first semester enrolled in the Rehabilitation Science PhD program. For example, if a student completes a master of science in April 2012, the seven year timeframe begins in April 2012 even though coursework make have been taken two or three years prior.

Credit transfer requests are first reviewed by the Rehabilitation Science Steering Committee and the final decision is made by the Graduate School.

Instructions:

* Submit completed form and course syllabi to Program Coordinator, Laura Quintana (lauraq@phhp.ufl.edu; 352-273-6106)
* The transfer credit request will be reviewed at the next Rehabilitation Science Steering Committee which generally meets once a month.

**Rehabilitation Science PhD Program**

Graduate Transfer of Credit

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| Student UFID | Student Last Name | Student First Name |
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| Course Prefix | Course Number | Course Title | Credits | Grade | Term | Year | How you would like this credit applied\* | Approved |
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\*Credit transfers are generally approved as elective courses but students may request consideration in other areas by selecting a different option from the drop down box.

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| Primary Mentor Name |  | Primary Mentor Signature |  | Date |

**Please provide a brief explanation as to how coursework contributes to the Rehabilitation Science PhD and current research project. If requesting coursework be applied to something other than elective credits, include a justification as to why the area is appropriate.**

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