**Rehabilitation Science PhD Program**

Graduate Transfer of Credit

Transfer of credit requests should be made no later than the student’s third semester and student must have a PhD supervisory committee established in [GIMS](https://gradschool.ufl.edu/gimsportal/gatorlink/portal.asp). No more than 30 credits of a master’s degree from another institution will be transferred to the doctoral program. Any courses beyond the master’s degree must be taken at institution offering doctoral degrees to be considered for credit transfer. The total number of credits that may be transferred cannot exceed 45 (including 30 from a prior master’s degree).

All courses to be transferred must be graduate-level, letter-graded with a grade of B or better, and demonstrated to relate directly to the degree being sought. Practice-oriented and clinically based courses typically do not qualify.

Coursework eligible for credit transfer must be completed within the last seven years. This time period is tracked from date of degree conferment to first semester enrolled in the Rehabilitation Science PhD program. For example, if a student completes a master of science in April 2015, the seven-year timeframe begins in April 2015 even though individual courses may have been completed prior to that date.

Credit transfer requests must be approved by all members of the student’s supervisory committee and the Rehabilitation Science program director. The UF Graduate School makes the final decision.

Instructions:

* Verify supervisory committee is complete in [GIMS](https://gradschool.ufl.edu/gimsportal/gatorlink/portal.asp).
* Complete form in full. Please make sure to select the appropriate category for the course to be applied.\* Elective courses is the default category but others may be selected from the drop down box.
* Obtain committee signatures (Program director’s signature will be obtained after form is submitted.)
* Submit completed form to Program Coordinator, Laura Quintana (lauraq@phhp.ufl.edu; 352-273-6106)

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

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I have reviewed the transfer of credit request and the courses listed are directly related to the student’s program of study and appropriate for transfer to the Rehabilitation Science PhD program.

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| Primary Mentor Name |  | Primary Mentor Signature |  | Date |
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| Committee Member Name |  | Committee Member Signature |  | Date |
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| Committee Member Name |  | Committee Member Signature |  | Date |
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| Committee Member Name |  | Committee Member Signature |  | Date |
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| Committee Member Name |  | Committee Member Signature |  | Date |

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|  |  |  |
| David Fuller, PhD |  | Date |

Approval of Rehabilitation Science program director: