



St. Thomas University
 Student Success Center
 16401 N. W. 37th Avenue
 Miami Gardens, FL 33054
StudentSuccessCenter@stu.edu

St. Thomas University

Undergraduate Transient Student Transfer Approval Form

**Students MUST submit this form PRIOR to registering for courses at another institution.
 If you do not obtain prior approval, there is no assurance that the credits will be transferred.**

You have been approved by the proper University officials to enroll in the course(s) listed below:		
_____	_____	_____
<i>School/College Name</i>	<i>Start Date</i>	<i>End Date</i>
TRANSFER COURSE	STU EQUIVALENT COURSE	
1. _____ <i>Course # and title</i>	1. _____ <i>Course # and title</i>	
2. _____ <i>Course # and title</i>	2. _____ <i>Course # and title</i>	
3. _____ <i>Course # and title</i>	3. _____ <i>Course # and title</i>	
4. _____ <i>Course # and title</i>	4. _____ <i>Course # and title</i>	

Only courses with grades of "C-" or better will transfer to St. Thomas University. When you complete your course(s), you must request the college to mail an official transcript to the address below:

St. Thomas University
Office of Registration & Records Management
16401 NW 37TH Avenue, Room K-116
Miami Gardens, FL 33054

Any substituted course(s) or additional course(s) MUST BE APPROVED PRIOR TO ENROLLMENT. If you have any questions, please contact the St. Thomas University Dean of the School offering the subject you wish to transfer.

NOTE: I understand that no more than 12 credits, including labs, can be taken at another institution for transfer credit once I have enrolled as an undergraduate at St. Thomas University. **These courses may only be taken if comparable courses are not available at that time.** The maximum number of credits allowed for a course is equal to St. Thomas University equivalent course credits, and 30 of the last 36 credits for the degree must be earned at St. Thomas University.

Name: _____
(PLEASE PRINT)

ID#:

SS#: - -

All signatures are REQUIRED.

1. Student Signature: _____ **Date:** _____

2. Academic Dean or Designee: _____ **Date:** _____
Academic Dean/ Designee of the subject area for the courses being transferred

3. Registrar or Designee: _____ **Date:** _____

For Student Success Center Use Only: Received: _____ Date: _____

Revised: 10/27/2022