Appendix K: Petition to Transfer Course Credit
Department of Psychology
Texas Tech University

Student’s Name & Signature __________________________________________

Student’s Email __________________________________________ Phone ______________________

TTU Doctoral Psy Program __________________________________ Date _______________

TTU Advisor’s Name & Signature ________________________________

TTU Psychology Course (title & number) ______________________________

Transfer Course taken elsewhere (title & number) ______________________________

Taken at (university, date, & grade) ______________________________________

Briefly explain why you believe that the transfer course may be the same level, substance, thorough coverage, and high quality as the TTU course. Please type this statement and include it at an attachment.

Enclose all of the following documents:
- Unofficial transcript (or photocopy) showing the relevant course grade
- Course syllabus (this should be a detailed syllabus, not a brief catalog description)
- Sample exams, term papers, take-home projects and other written assignments

Check which of the following applies:
☐ This petition involves transfer of credit to meet a department-wide core requirement (e.g., statistics; or the core courses in cognitive, developmental, biological, and social bases of behavior). This completed form and the above documentation should be put in the mailbox of the student’s Division Director, who will oversee the review process.
☐ This petition involves transfer of credits for a doctoral-program requirement within a specific division (e.g., assessment and therapy courses in the clinical and counseling psychology programs; or required specialty courses in the cognitive, human factors, and social divisions of the experimental psychology program). This completed form and the above documentation should be put in the mailbox of the student’s Division Director of the relevant Doctoral Program (i.e., the director of the clinical, counseling, or experimental psychology program).

Faculty Reviewer Name & Signature __________________________________________

Approve__________ Disapprove__________ Date _______________

Faculty Reviewer Comments __________________________________________

________________________________________________________________________

Program Director Signature ______________________________________________

Approve__________ Disapprove__________ Date _______________

Program Director Comments ______________________________________________

________________________________________________________________________

*Approval of this petition does not ensure that your prior course will appear on your formal transcript. You should check with the graduate school concerning the status of courses listed on your transcript.

Copies to: Student, Advisor, Program Director, & Psychology Dept Files