



Office of Registrar and Student Records: 3007 N. Ben Wilson, Room UW122, Victoria, Texas 77901  
Phone: 361.570.4368; Fax: 361.580.5545

Office use only:  
Posted \_\_\_\_\_  
Updated \_\_\_\_\_  
Initial/Date \_\_\_\_\_

### Course Credit Petition

Last Name			First	M.I.	UHV Student ID Number
Street Address or P.O. Box				Apt. #	Daytime Phone Number
City	State	Zip		E-Mail Address	
Classification/Program					Term/Year
Student Signature: _____ Date: _____					

**If seeking a Master's Degree, a Graduate Studies Form must be attached.**

**Section A.** This petition is for graduate students seeking undergraduate credit in a course and seniors working towards a master's degree during their senior year.

A. <u>Course/Subject</u>	<u>Course#</u>	<u>Class/Section #</u>	<u>Term/Year</u>	<u>Credit Desired (Undergrad or Grad)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPROVED  DISAPPROVED

Advisor	Date	Dean	Date	Institutional Validation	Date
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**Section B.** This petition is for graduate students who wish to change postbaccalaureate credit to graduate credit as listed below. This applies to UHV courses only.

B. <input type="checkbox"/> For use toward a degree (degree plan required)	<input type="checkbox"/> For professional licensing or certification			
<u>Course/Subject</u>	<u>Course#</u>	<u>Class/Section #</u>	<u>Term/Year</u>	<u>Grade Earned</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPROVED  DISAPPROVED

Advisor	Date	Dean	Date	Institutional Validation	Date
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**Section C. Extending Time Limitation**

Allow course credit, either transfer or from UHV, for courses more than ten years old at time of graduation or completion of a program.

APPROVED  DISAPPROVED

Allow \_\_\_\_\_ years for completion of degree requirements from time of formal admission to the program.

APPROVED  DISAPPROVED

Justification: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Advisor	Date	Dean	Date	Institutional Validation	Date
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