



THE GRADUATE SCHOOL AT UMBC

REQUEST FOR TRANSFER OF CREDIT

Transfer of credit for courses taken at other institutions is not required for Doctoral students.

Name: _____
(last, first, M.I.)

Student ID: _____

E-mail: _____

Master's Program: _____
Credits CANNOT be transferred into a doctoral program

In support of this request that the following credits (maximum of six) be applied to my Master's degree program, I have attached an OFFICIAL TRANSCRIPT to this form.

I CERTIFY THAT NONE OF THESE COURSES WAS USED TO FULFILL THE REQUIREMENTS FOR ANY OTHER DEGREE, WITH THE POSSIBLE EXCEPTION OF STUDENTS IN THE ACCELERATED BACHELOR'S / MASTERS PROGRAM.

Signature : _____

Date: _____

<input type="checkbox"/> These courses were earned at UMBC as: <input type="checkbox"/> A Non-degree (SAS) student. <input type="checkbox"/> A Degree-Seeking student in another program.	<input type="checkbox"/> These courses were earned at another campus of the University System of Maryland. _____ Campus Name	<input type="checkbox"/> These courses were earned at another institution. _____ Institution's Name _____ City/ State
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Course No.	Course Title	Sem./Year	Credits (6 maximum)	Grade

APPROVAL SIGNATURES Please type and sign		
Advisor:	Signature:	Date:
Graduate Program Director or Chair:	Signature:	Date:
Graduate School:	Signature:	Date: