



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 WERE USED TO FULFILL THE REQUIREMENTS FOR ANY OTHER DEGREE, WITH THE POSSIBLE EXCEPTION OF NINE (9) APPROVED CREDITS TAKEN AS AN ADMITTED ACCELERATED BACHELORS/MASTERS PROGRAM STUDENT.

Signature : _____

Date: _____

<input checked="" 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"/> An approved Bachelors/ Masters student.	<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
Graduate School to complete this section:			APPROVED TOTAL CREDITS	

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

Graduate School:	Signature:	Date:
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Revised by Kathie Nee on 4/15/2011

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