



### 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.)      EMPL ID: \_\_\_\_\_      Campus 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 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"/> 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 Name _____  City/State _____
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Course No.	Course Title	Sem./Year	Credits <small>(6 maximum OR 9 for B/M)</small>	Grade
<b>Graduate School to complete this section</b>			<b>APPROVED TOTAL CREDITS</b>	

<b>APPROVAL SIGNATURES</b>		
<small>Please PRINT NAME LEGIBLY, SIGN, AND DATE</small>		
Advisor:	Signature:	Date:
Graduate Program Director or Chair:	Signature:	Date:
Graduate School:	Signature:	Date: