REQUEST FOR TRANSFER OF CREDIT

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name:  | EMPL ID: |  . | Campus ID:  |  . |
| *(last, first, M.I.)* |  |
|  |  |
| 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: |  .  |
|  |  |  |  |  |
| [ ]  These courses were earned  at UMBC as:  [ ]  A Non-degree (SAS)  student.  [ ]  A Degree-Seeking  student in another program [ ]  An approved Bachelors/ Masters student.  | [ ] These courses were  earned at another campus  of the University System of  Maryland**Campus Name:**  .  | [ ] These courses were earned at another institution.**Institution Name**  . **City/State** .  |
|  |
| **Course No.** | **Course Title** | **Sem./Year** | **Credits**(6 maximum**OR** 9 for B/M ) | **Grade** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Graduate School to complete this section** | **APPROVED TOTAL CREDITS** |  |  |

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| --- |
| APPROVAL SIGNATURESPlease **PRINT NAME LEGIBLY, SIGN, AND DATE**  |
| Advisor: | Signature: | Date: |
| Graduate Program Director or Chair: | Signature: | Date: |
| Graduate School: | Signature: | Date: |

***Revised by Julia Celtnieks 9/4/2020* 1034 - 004**