REQUEST FOR TRANSFER OF CREDIT

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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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. | | | | | | | | | | | | | | |
| Electronic 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** |
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|  | | | **Graduate School to complete this section** | | | | | **APPROVED TOTAL CREDITS** | | | |  | |  |

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

Req\_Transfer\_of\_Credit-Rev\_Nov\_19\_20-Kathie\_Nee 1034 - 004