

# University of Maryland Graduate School, Baltimore

## 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.  <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center; margin-left: 20px;"><small>Campus Name</small></p>	<input type="checkbox"/> These courses were earned at another institution.   <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center; margin-left: 20px;"><small>Institution's Name</small></p> <hr style="width: 80%; margin-left: 0;"/> <p style="text-align: center; margin-left: 20px;"><small>City/ State</small></p>
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Course No.	Course Title	Sem./Year	Credits <small>(6 maximum)</small>	Grade

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