UNIVERSITY OF MARYLAND BALTIMORE
Graduate School

REQUEST FOR TRANSFER OF CREDIT

NAME_____ STUDENT ID @_____
Last First MI

I request that credits (maximum of six) earned from**:**

- Another campus of the University of Maryland System -
  Name:_____
- Another Institution -

  Name:_____

  City and State_____

Be applied to my Master's Degree program in:_____

SEMESTER TAKEN	COURSE NUMBER AND NAME	CREDIT HOURS	GRADE

- **An official transcript of the above course(s) MUST be attached to this request**
- Credits must have been earned from a regionally accredited institution to be transferable.
- Credit cannot be transferred for courses that were used to fulfill requirements for any other degree:

Certified:

_____ _____
Student's Signature Date

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APPROVAL

_____ _____
Program Director or Department Chairperson ***Date***

_____ _____
Graduate School Dean ***Date***

Academic Advisor or the Graduate School reserves the right to request course descriptions from the prior institution.
Rvsd. 6/06