NIH – FAES - 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. | | | | | | | | | | | | | | |
| 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**  NIH - FAES .  **City/State**  Bethesda, MD . | | | | | | | |
|  | | | | | | | | | | | | | | |
| **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: | Signature: | Date: |
| Graduate Program Director or Chair: | Signature: | Date: |
| Graduate School:  Kathryn C. Nee | Signature: | Date: |

***Revised by Kathie Nee 11/01/2021* 1035 - 005**