TRANSFER CREDIT APPROVAL FORM

(This form is to filled out and signed by the Graduate Program Director)

From:		, Graduate Program Director		
To: Registrar's Offic	e			
This is to inform you	that	=s	tudent id #	
may transfer the following course(s), not to exceed 6 credits, from the indicated status below towards his/her graduate degree. I have made sure that these course(s) meet all the criteria regarding transfer credit as stated on the back of this form. For off-campus courses, this office must have an official transcript on file.				
U/Mass Bosto	n non-degree graduate studen	t		
U/Mass Bosto	n undergraduate student			
Courses taken off-campus at: below)		(list UMB equivalent		
Dept. Course #	<u>Fitle</u>	Credits Sem./Yr. Taken	UMB EQUIVALENT	
1.				
2.				
Signature of Graduat	e Program Director:			
Graduate Program: _				
Date:				

- 1. Course(s) must be taken at an accredited institution.
- 2. Course(s) must be graduate level.

3. Grade must be "B" or better. Pass/Sat grades are unacceptable unless it is stated on the official transcript that the Pass/Sat notation is equivalent to "B" or better.

4. Course(s) were earned no more than seven (7) years prior to the student's matriculation at U/Mass Boston.

- 5. Course(s) were not used for a previous degree.
- 6. Maximum amount of transfer credit is six (6).
- 7. An official transcript must be on file in this office for processing.