

Office of the Registrar University of Massachusetts Boston Campus Center, 4th Floor 100 Morrissey Boulevard Boston, Massachusetts 02125-3393 617-287-6200, Fax 617-287-6242 www.registrar.umb.edu

GRADUATE TRANSFER CREDIT APPROVAL FORM

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

From:, Graduate Program Director				
Please Print To: Registrar's Office				
This is to inform you that	Last	First		UMS #
may transfer the following course(s), not to exceed 6 credits from on campus and 6 credits from off campus, from the indicated status below towards his/her graduate degree. I have made sure that these course(s) meet <u>all the criteria regarding transfer credit stated below</u> . For courses taken off campus, you must have an official transcript sent to the Registrar's Office.				
UMass Boston non-degree graduate student				
UMass Boston undergradu	ate student			
Courses take off-campus at:		(list UMB equivalent below)		
Dept. Course # Title		Credit	Sem./Yr. Taken	UMB EQUIVALENT
1.				
2.				
Signature of Graduate Program	Director:			
Graduate Program:				
Date:				

Course Criteria:

- 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 that seven (7) years prior to the student's matriculation at UMass Boston.
- 5. Course(s) were not used for a previous degree.
- 6. Public Service or Professional Development Work/Courses are not transferrable.
- 7. Maximum amount of transfer credit is twelve (12).

Completed form with appropriate signature must be returned to Registrar's Office.