



MS Request for Transfer of Graduate Credit



ECE Graduate Studies Office

Name: _____
(Last, First)

Date: _____

UID: _____

First Term in Current Degree Program _____

Email Address _____

(Area Code) Telephone _____

A **maximum** of **six credit hours** can be transferred. The following conditions must be followed:

1. Only credit earned at US institutions can be transferred.
2. Any course to be transferred must be equivalent to a graduate-level (600-level or above) lecture course offered at the University of Maryland, College Park.
3. The course must have been taken for graduate credit at the original institution. The credit must not have been used to satisfy the requirements for any other degree. A grade of "B" or better in the course must have been earned.
4. If a course is transferred, the equivalent UMCP course cannot be included in the Plan of Study.
5. Transfer work satisfies only the 400-level requirements for the Master's degree and does not apply to upper-level requirements.
6. The transfer credit work must have been taken within seven years of the award of a UMCP Master's degree for which the student is currently enrolled. (All other coursework must be taken within five years of the award of Master's degree.)
7. The student must produce an **official transcript**, as well as evidence that the course is indeed equivalent to a course offered at UMCP. Documented evidence should include a course description as well as a syllabus showing what material was covered in the specific offering the student took and what text was used.

Equivalent UMCP Course # & Course Title	Credits	Grade	Semester & Year	Original Institution	Original Course # & Course Title

Student Signature _____

Date _____

I have verified or have checked with another ECE professor that the course(s) taken at the original institution are indeed equivalent to the corresponding UMCP courses listed in the first column.

Adviser Signature _____ Printed Name _____ Date _____

Graduate Director's Approval: _____ Date _____

Area Advisor review	Area Advisor name: _____	Date sent: _____
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED	Area Advisor signature: _____ Date: _____ Comments: _____	