

## **PhD Request for Transfer of Graduate Credit**



## **ECE Graduate Studies Office**

Name:					Date	e:		
	(Last, First)							
UID:								
					First	Term in Cu	rrent Degree Program	
Email Address					(Are	a Code) Tele	ephone	
A maximum of 15 cree	lit hours can he	transfe	erred Th	e following	conditions must be	e followed:		
1. Any course to	be transferred	must b	e equiva	lent to a gra	duate-level (600-l	evel or abo	ve) lecture course available course cannot be included ir	
<ol><li>A grade of "B taken for grade</li></ol>	duate credit at t	he orig	inal insti	tution but ca		sed toward	erred. The courses must hav ds another PhD degree.	e been
<ol><li>When applyir indeed equivalent</li></ol>	ng for credit tran alent to a course	nsfer, the offere	ne studei ed at UM	nt must prod CP. Docume	luce an <b>official tra</b> ented evidence sho	<b>nscript</b> as sould includ	well as evidence that the cou e a course description as we and what text was used.	
Equivalent UMCP Course # & Course Titl		edits	Grade	Semester & Year	Original Institution	on	Original Course # & Course	Title
oourse ii a oourse ma				<u> </u>				
	1							
Student Signature							Date	
"I have verified or che the corresponding UN					course(s) taken at	the origina	al institution are indeed equ	ivalent to
							Date	
Advisor Signature		F	Printed N	lame				
Graduate Director's Ap	oproval:						Date	
Area Advisor review	Area Advisor name:					Date sent:		
☐ APPROVED ☐ DENIED	Area Advisor signature:Comments:					Date:		