



UNIVERSITY of
 MASSACHUSETTS
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TRANSFER CREDIT APPROVAL FORM

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

From: _____, Graduate Program Director

To: Registrar's Office

This is to inform you that _____ - _____
name student 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 Boston non-degree graduate student

_____ U/Mass Boston undergraduate student

_____ Courses taken off-campus at: _____ (list UMB equivalent below)

<u>Dept.</u>	<u>Course #</u>	<u>Title</u>	<u>Credits</u>	<u>Sem./Yr. Taken</u>	<u>UMB EQUIVALENT</u>
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1.

2.

Signature of Graduate Program Director: _____

Graduate Program: _____

Date: _____

1. Course(s) must be taken at an accredited insitution.
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.