Please print clearly - complete, obtain all signatures, and return this form to The Registrar’s Office.

Name ___________________________________________________ Department ______________________________

Mailing Address
___________________________________________________________________________________________

Student I.D. No. ______________________________

Tel. No. (Day) ________________________________

A. TRANSFER OF CREDIT
   From University of Massachusetts Lowell    From Another Institution

Please Note: An official transcript must accompany this request to the Registrar’s Office except for
courses taken at the University of Massachusetts Lowell.

I request acceptance of the following transfer course credits by UMass Lowell.

<table>
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<tr>
<th>Subject No.</th>
<th>Title</th>
<th>Credits</th>
<th>College</th>
<th>Grade</th>
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Regulations pertaining to transfer of credit:

1. The credits cannot have been used to obtain any other degree. If taken as an undergraduate, credits must have been taken as an
   overload beyond the usual degree requirements. **Note: maximum number of transfer credits into a master’s program is 12
   credits, and into a doctoral program is 24 credits. Please note each college may have more stringent limits.**

2. The general policy stated in the University of Massachusetts Lowell graduate catalog must be followed.
   To the best of my knowledge this request for transfer of credits conforms to the stated regulations.

Signature of Petitioner __________________________________________ Date ______________________

B. OTHER REQUEST (Change of status, etc. Explain in full)
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Signature of Petitioner __________________________________________ Date ______________________

ACTION

Graduate Coordinator/Chairperson     _____ Approved _____ Denied

Courses Approved:       Credits

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Signature Coordinator/Chairperson __________________________________________ Date ______________________

Signature College Dean
(Required for Graduate School of Education)

Registrar Action     _____ Approved _____ Denied

Signature __________________________________________ Date ______________________

Comments __________________________________________________________________________________

Rev. 01-08