

Mount Saint Mary's University
Emmitsburg, MD 21727

Name: _____ Home Phone _____ ID# _____ Class _____

Home Address: _____ Street _____ City, State, Zip _____
University Address: _____ Residence Hall _____ Phone Extension _____

1. The following requirements for transfer of credit are the responsibility of the student:
 - a. submission to the Associate Provost brief written explanation of request to transfer credit; of appropriate course description; of written approval of faculty advisor (when possible); and signature of the chair of the department for the corresponding transferred course;
 - b. submission to Registrar of official transcript following completion of course.

2. The following University policies cover the transfer of credits:
 - a. A final grade in course(s) of C (2.0) or better is required for transfer.
 - b. A maximum cumulative total of twelve credits may be transferred following initial matriculation at Mount Saint Mary's University. A student ordinarily may transfer to Mount Saint Mary's University no more than 60 credits total.
 - c. Credits transfer back to Mount Saint Mary's University as Pass.
 - d. Electives and courses in the minor are generally accepted for transfer; a limited number of major courses are usually permitted, subject to Department Chair's approval; core curriculum courses ordinarily must be taken at the University.
 - e. Once a student has achieved 60 total credits (including transferred credits), courses may only be taken at four-year institutions.

3. Reason for Request: _____

College to be attended _____ Semester/Session _____

1. Course (title and number) _____ Credits _____ MSM course equivalent (if any) _____

Approval _____		_____	
Faculty Advisor	Date	Department Chair (for transferred course)	Date
_____		_____	
Dean	Date	Associate Provost	Date

2. Course (title and number) _____ Credits _____ MSM course equivalent (if any) _____

Approval _____		_____	
Faculty Advisor	Date	Department Chair (for transferred course)	Date
_____		_____	
Dean	Date	Associate Provost	Date

_____ has permission to take the course(s) indicated above for transfer to Mount St. Mary's University.

Signature of Registrar Date