

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 Dean for Academic Affairs of 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 for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

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

Approval \_\_\_\_\_  
 Faculty Advisor \_\_\_\_\_ Date \_\_\_\_\_ Department Chair (for transferred course) \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 Dean for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Registrar \_\_\_\_\_ Date \_\_\_\_\_