

## Request for Transfer of Graduate Course Credit Taken as an Undergraduate Student Toward the Master's Degree Program

 Name:
 \_\_\_\_\_\_

 Student number:
 \_\_\_\_\_\_

Graduate degree program:

Undergraduate degree program:

The following credits were not used as a requirement for the bachelor's degree program for the above-named student at the University of Massachusetts Amherst and may be applied toward their master's degree program:

Dept.	Course#	Course Title	Credits	Grade	Sem/Year

Approvals:

Graduate Program Director Advisor (College of Education only)		Date
Graduate Program Director		Date
Please transfer these credits to the student's	master's degree program:	Date
Undergraduate Registrar		
. Commonwealth College Advisor (if appli	icable)	Date
School/College Academic Dean		Date

Return completed form to the address above. For questions, please call the Graduate Student Service Center (413) 545-0722.