



Transfer of Credit into the Master of Chemical and Life Sciences Program

If you wish to transfer credit from another institution to the Master of Chemical and Life Sciences program you must take the following steps:

- Obtain approval from the Director of the program that the course(s) you wish to transfer are appropriate. This may be done at the time of submission of the REQUEST FOR TRANSFER OR INCLUSION OF CREDIT FOR THE MASTER'S DEGREES form or beforehand.
- Read the criteria for transfer of credit that appears below.
- Print out the REQUEST FOR TRANSFER OR INCLUSION OF CREDIT FOR THE MASTER'S DEGREES form that is the last page of this document.
- Submit the completed REQUEST FOR TRANSFER OR INCLUSION OF CREDIT FOR THE MASTER'S DEGREES along with transcripts (if official copies are on file unofficial copies will suffice) and any supporting documents that support the appropriateness of the course(s) in question for transfer to:

Master of Chemical and Life Sciences Program
SPOC-CLFS
1130 Mitchell Building
College Park MD 20742
Fax: 301-314-7915

- The MCLFS program will forward the documents to Graduate Enrollment Management Services after approval

Criteria for Transfer of Credit

All graduate study credits offered as transfer credit must meet the following criteria established by the Graduate School:

1.No more than six credit hours of graduate work may be transferred from another institution, unless the program has special approval by the Graduate Council. When changing programs within University of Maryland, the student may request inclusion of credits earned at University of Maryland. When moving from non-degree to degree-seeking status, however, Advanced Special Students may not include more than twelve (12) credits. *The Master of Chemical and Life Sciences program limits this to 6 credits.*

2.The advisor and director of graduate studies will need to certify that any courses listed are applicable to the students program and, for non-University of Maryland courses, that the courses have been revalidated.

3. Credit must have been granted by a regionally accredited, U.S. institution or foreign university. If the latter, evaluation by International Education Services and the Graduate School is required.

4. The courses must be graduate level and have been taken for graduate credit at the original institution.

5. The student must have earned a grade of "B" or better in the course and have a "B" or better average on all the graduate course work taken at the institution from which the transfer is requested.

6. The credit must not have been used to satisfy the requirements for any other degree.

7. The student must furnish an official transcript to the Graduate Records Office.

8. Transfer work satisfies only the 400-level requirements for the master's degree and does not apply to the upper-level requirements.

9. The transfer course work must have been taken within seven years of the award of University of Maryland's master's degree for which the student is currently enrolled. All other course work must be taken within five years of the masters degree.

A student seeking acceptance of transfer credit is advised to submit the necessary transcripts and certification of program approval to the Graduate School as promptly as possible for its review and decision. It should be noted that programs may impose more stringent requirements and time limitations concerning the transfer of credits. In such cases the Graduate School must be notified accordingly.



UNIVERSITY OF MARYLAND, COLLEGE PARK
Graduate Enrollment Management Services



**REQUEST FOR TRANSFER OR INCLUSION OF CREDIT
FOR THE MASTER'S DEGREES**

Before completing this form, please read carefully the "Criteria for Acceptable Transfer Credit" printed on the other side. These courses are to be included in the cumulative credit for the graduate program listed below. Only twelve (12) credits taken as an Advanced Special Student may be applied to a degree program and will be calculated in the GPA.

Date: _____

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Print Full Name (Last, First, Middle)

Student ID Number

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Address

Graduate Program

Initial Term (GEMS use only)

City, State, ZIP

Degree Sought: Master of Life Sciences

(Area Code) Telephone

Email Address

Institution, name & address

Course (Prefix, Number, Title)	Semester/Year	Credits	Grade	Revalidation*

*(a) examination; (b) advanced course that includes knowledge; (c) comprehensive examination that includes course knowledge; (d) teaching comparable course; (e) publishing research demonstrating course knowledge; (f) other (please explain):

Advisor (Print Name then Sign) Date

Telephone extension and Email Address

Dr. P. Mazzocchi

58482 pmazzocc@deans.umd.edu

Director of Graduate Program (Print Name then Sign) Date

Telephone extension and Email Address

For IES (Print Name then Sign) Date

IES Approve IES Disapprove

Director of GEMS Date

Approve Disapprove

Please return this form to: SPOC-LFSC, 1130 Mitchell Building, College Park, MD 20742