

ADULT UNDERGRADUATE PROGRAM

Mount Saint Mary's University  
Emmitsburg, MD 21727

Name: \_\_\_\_\_ ID# \_\_\_\_\_ Class: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip Code

University Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

1. The following requirements for transfer of credit are **the responsibility of the student**:
  - a. In addition to completing the form below, the student must provide course descriptions for the courses which he/she desires to take.
  - b. If the course to be transferred will count towards the student's major, the student must obtain the signature of the chair of the department.
  - c. In order to complete the transfer of credits, the student must request an official transcript to be sent to the Registrar following completion of the 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. Credits transfer back to Mount St. Mary's University as Pass ("P").
  - c. 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.

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_

College to be attended: \_\_\_\_\_ Semester/Session: \_\_\_\_\_

1. Course Title and Number : \_\_\_\_\_

Credits: \_\_\_\_\_ MSMU Course Equivalent (if any): \_\_\_\_\_

Approval \_\_\_\_\_  
Faculty Advisor Date Department Chair (for major courses only) Date

2. Course Title and Number : \_\_\_\_\_

Credits: \_\_\_\_\_ MSMU Course Equivalent (if any): \_\_\_\_\_

Approval \_\_\_\_\_  
Faculty Advisor Date Department Chair (for major courses only) Date

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

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