Application for Transfer of Credit

Emmitsburg, MD
Registrar@msmary.edu
Phone: 301.447.5215
Fax: 301.447.5811

STUDENT RESPONSIBILITIES:

1. Discuss your plan with your advisor.
2. Check the website of the transfer institution for transfer equivalency. Provide a catalog course description for the course(s) you plan to take with this form.
3. If the course is for your major, please obtain the signature from your department chair.
4. Once this form has been completed and signed, submit this form to the Associate Registrar.
5. Upon completion of course work, you **MUST** have an official transcript sent to:
   Registrar's Office
   Mount St. Mary's university
   16300 Old Emmitsburg Road
   Emmitsburg, MD 21727

ELIGIBILITY:

See the latest Mount St. Mary's University catalog for policies regarding "Transfer of Credits" and repeating courses.

a. A final grade in course(s) of C- (1.7) or better is **required** for transfer.
b. A maximum cumulative total of twelve credits may be transferred following initial matriculation at MSMU. A student ordinarily may transfer to MSMU **no more** than 75 credits total.
c. Credits transfer back to MSMU as grade of "P" for 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 MSMU.
e. Once a student has achieved 60 total credits (including transfer credits), transfer courses may only be taken at four-year institutions.

Student Name:_____ID #:_____ Class:_____

Mailing Address: _____
Street City State Zip

COLLEGE OR UNIVERSITY YOU PLAN TO ATTEND_____ TERM_____YEAR_____

REASON FOR REQUEST: _____

COURSE TITLE and NUMBER: _____
Credits

MSMU COURSE EQUIVALENT (if any): _____
Credits

Department Chair (for major courses only) **Date**

==========

COURSE TITLE and NUMBER: _____
Credits

MSMU COURSE EQUIVALENT (if any): _____
Credits

Department Chair (for major courses only) **Date**

_____has permission to take the course(s) indicated above for transfer to MSMU.
Student Name

_____
Signature of Associate Registrar Date