

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. submission to the Assistant Registrar of a brief written explanation of request to transfer credit; of appropriate course descriptions; of written approval of faculty advisor; and signature of the chair of the department for the corresponding transferred course (for major courses only); and signature of the Associate Provost if the course is intended for use in the *Veritas* core sequence;
  - b. submission to the Assistant 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 St. Mary's University. A student ordinarily may transfer to Mount St. Mary's University no more than 60 credits total.
  - c. Credits transfer back to Mount St. Mary's University as Pass ("P").
  - 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.

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 major courses only) Date

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

Credits: \_\_\_\_\_ MSM 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 Assistant Registrar Date