Office of University Registrar
Foster Administration Building, Room 116
285 Old Westport Road
Dartmouth, MA 02747
Phone: 508-999-8615

You must electronically submit this form at https://www.umassd.edu/ssc/ and select "Submit an Inquiry". You will log a case under the Registrar topic and submit this form as an attachment.

GRADUATE STUDENT TRANSFER CREDIT EVALUATION FORM

A maximum of 12 semester hours of credit (or the equivalent) may be transferred from another institution toward a UMass Dartmouth graduate degree - and a maximum of 3 semester hours of credit (or the equivalent) may be transferred toward a UMass Dartmouth graduate certificate – with approval of the relevant Graduate Program Director and College Dean, provided the courses are graduate-level and have a final grade of at least B minus. Unless specific arrangements have been approved by relevant entities, including the Office of Graduate Studies, course credits applied in the attainment of another credential (e.g., degree or certificate) from any institution, including UMass Dartmouth, cannot be used to fulfill any of the requirements of a graduate credential (e.g., degree or certificate) at UMass Dartmouth. **For approval to be granted a photocopy of the transcript from the outside institution must accompany this form.** UMass Dartmouth equivalency course titles will be recorded on the UMass Dartmouth transcript without a grade designation; these courses will not be included in the Grade Point Average earned at UMass Dartmouth**. UMass Dartmouth will not post transfer credits until an official transcript from the outside institution has been received by the Registrar's Office.**

Student Last Name	Student First Name	Student ID	Email Address	Phone

College & Program	Degree (MAT, MS, MBA, MFA, PhD)

College/University	Course Title	Credits	In Lieu of UMassD Course	Credits

TOTAL NUMBER OF TRANSFER CREDITS ACCEPTED FROM THIS FORM = _____

TOTAL NUMBER OF TRANSFER CREDITS ACCEPTED PREVIOUSLY = _____

OVERALL TOTAL OF TRANSFER CREDITS ACCEPTED = _____

Graduate Program Director Signature: _____ Date: _____

Dean's Office Representative Signature: _____ Date: _____