

This is a fillable form; sections A-B must be typed; handwritten forms will not be accepted. A DPR must be attached. This form must be submitted to the dean's office at least 8 weeks before the transfer class starts to ensure the request is approved in advance of taking the course.

## A. STUDENT INFORMATION

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_ Campus:  HBG  GP  Online  
 Student Email \_\_\_\_\_ Student Phone Number \_\_\_\_\_  
 College \_\_\_\_\_ School \_\_\_\_\_  
 Major(s) \_\_\_\_\_ Anticipated graduation term & year \_\_\_\_\_

## B. REQUESTED TRANSFER COURSES AND USM EQUIVALENTS

Transfer institution \_\_\_\_\_ State \_\_\_\_\_ Term \_\_\_\_\_

Transfer institution course		USM equivalent course		GEC requirement	Equivalent by MS articulation agreement
Course prefix & number	Transfer course title	Course prefix & number	USM course title		
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## C. STUDENT CERTIFICATION

Student must check a response and initial afterwards for each statement below:

Student Initials

- I understand grades received for transfer courses will not have an impact on my USM GPA.  Yes  No \_\_\_\_\_
- I understand I must earn at least 21 of the last 30 credit hours at USM.  
*Any exceptions require an attached printout of the SOAR Request for UGRD Exception form that has been approved by Provost.*  Yes  No \_\_\_\_\_
- I will be enrolled at USM during this term. *If answer is "yes," a rationale must be included in attached justification.*  Yes  No \_\_\_\_\_
- I confirm that none of the courses in section B are offered at USM during the term in question.  
*If answer is "no," a rationale must be included in attached justification.*  Yes  No \_\_\_\_\_
- I have attached a justification for taking the course(s) at a transfer institution rather than USM.  Yes  No \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## D. ADVISOR CERTIFICATION

Advisor must check a response and initial afterwards for each statement below:

Advisor Initials

- I confirm the transfer institution is accredited by ([view full list](#)):  
ACCJC HLC MSCHE NECHE NWCCU SACSCOC WSCUC Other \_\_\_\_\_  Yes  No \_\_\_\_\_  
*Documentation of accreditation (available on transfer institution's website) is typically required for transfer institutions that are not part of the MS articulation agreement. Attach documentation.*
- I have verified as correct each row in section B marked "yes" for "equivalent by MS articulation agreement."  
*For any courses not covered by the MS articulation agreement, school must attach all supporting documentation that will be required to complete the Request for GEC/Non-GEC Course Substitution in SOAR.*  Yes  No \_\_\_\_\_

## E. SIGNATURES AND APPROVAL

Transfer course equivalent supported

Major Advisor \_\_\_\_\_ Date \_\_\_\_\_  Yes  No  
 Major School Director \_\_\_\_\_ Date \_\_\_\_\_  Yes  No  
 Major College Dean \_\_\_\_\_ Date \_\_\_\_\_  Approve  Deny  
 Provost (GEC only) \_\_\_\_\_ Date \_\_\_\_\_  Approve  Deny