

GRADUATE ACADEMIC PETITION

OFFICE OF THE REGISTRAR
220 PAWTUCKET STREET, UNIVERSITY CROSSING, SUITE M10
LOWELL, MA 01854

phone: 978-934-2550
fax: 978-934-4076
email: registrar@uml.edu

Last Name First Name MI

SIS ID # E-mail Address Major

Please check the reason for the Academic Petition:

Transfer Credit Other

TRANSFER OF CREDITS

From University of Massachusetts Lowell From Another Institution

I request acceptance of the following transfer course credits by University of Massachusetts Lowell.

Course Number	Title	Credits	College	Grade	Semester
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: Two copies of the official transcript must accompany this request to 1) the Office of the Registrar 2) the department the student's major is in. Transcripts from University of Massachusetts Lowell do not have to be submitted.

Regulations pertaining to transfer of credit:

Please see [graduate catalog](#)

OTHER REQUEST (Explain in full. If you need additional space, please use back of page)

REQUIRED SIGNATURES

When completed with all departmental signatures, please submit petition to the Office of the Registrar.

Date

Student Signature

<input type="checkbox"/> Approved	Courses	Credits	<input type="checkbox"/> Denied	Courses	Credits
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Graduate Coordinator/Chair

Date

Graduate Coordinator/Chair Signature

Note: Dean signature is always required for the School of Education and Francis College of Engineering.

Dean

Date

Dean Signature

FOR OFFICE OF THE REGISTRAR USE ONLY

Approved Denied

Registrar/Designee

Date

Registrar/Designee Signature

For Office Use Only:

Doc Type: Academic Petition - Graduate

Course Repeat Course Deletion Plan/Option Change Drop Down Course Substitutions Course Waiver

Credit Change Withdrawal Other

Processor Name Imager Name Effective Term

Date Date Verifier 1 Name

Verifier 2 Name