



REQUEST FOR PRIOR APPROVAL OF TRANSFER CREDIT FOR STUDY ABROAD PROGRAMS

University of Massachusetts Boston
100 Morrissey Blvd, Boston, MA 02125
Office of Global Programs CC 2100
Phone: 617-287-5586

Website: <https://www.umb.edu/academics/global>

PLEASE READ BEFORE FILLING OUT THIS FORM:

To facilitate the transfer of credits, students participating in exchange or study abroad programs MUST complete this form. The purpose of this form is to request credits for courses taken abroad as a part of a recognized and approved international education exchange or study abroad program. Please give several weeks before your program to complete this form. If you are receiving financial aid, this form MUST be submitted in order for financial aid to be released. **F-1 international students are eligible to study abroad in countries outside of their home country only and must obtain a valid travel signature. For detailed instructions on this form, please go to: <https://www.umb.edu/academics/global/studyabroad/requirements>

STEP 1: Browse the course offerings from the study abroad program provider or university abroad.

STEP 2: Select courses you would like to take for your university study abroad term. We recommend selecting a few extra in case of a change in your selection upon arrival. **Download ALL the course descriptions/syllabi for the courses you have selected as a PDF/word doc.**

STEP 3: Fill out the top section (please type) of the form with your information. Then fill out sections 1-3 (white). Type the name of each course you selected under "Study Abroad Course Title", with the corresponding Course # and Host Credit Hours as stated on each syllabus.

STEP 4: Send this form AND attached course descriptions/syllabi to Undergraduate Admissions (Campus Center UL), Miguel Alvarez by email Miguel.Alvarez@umb.edu. You MUST copy (cc) studyabroad@umb.edu. For major courses, after Miguel signs, he will direct you to your department to have major courses evaluated. Please submit to Miguel Alvarez FIRST.

STEP 5: Miguel will review the form, fill out sections 4-6 (grey) and email it back to you signed by him. Send the form to our office by email: studyabroad@umb.edu. Our office will then need to sign the form and will scan it back to you. If you are using financial aid, this form NEEDS to be sent (with signatures) to Oliver P. Souyavong: Oliver.Souyavong@umb.edu.

Name: _____ Student ID# _____ Major/Minor: _____ / _____

Home Address: _____ Phone #: _____ Email: _____

Dates of proposed study (include start and end date): Winter: _____ Spring: _____ Summer: _____ Fall: _____

Study Abroad Provider (UMass Boston or Program Name): _____ Host Institution (abroad): _____ Country: _____

Student must fill out Columns 1-3. Admissions will fill out Columns 4-6. Students: DO NOT fill out the highlighted sections.

1. STUDY ABROAD COURSE TITLE	2. COURSE #	3. CREDITS (ABROAD)	4. DIST./MAJOR	5. UMB EQUIVALENCY & NUMBER	6. REC. CREDITS

RETURN SIGNED COPIES TO: UNDERGRADUATE ADMISSIONS, OFFICE OF GLOBAL PROGRAMS, AND FINANCIAL AID (IF NEEDED)



REQUEST FOR PRIOR APPROVAL OF TRANSFER CREDIT FOR STUDY ABROAD PROGRAMS

University of Massachusetts Boston
100 Morrissey Blvd, Boston, MA 02125
Office of Global Programs CC 2100
Phone: 617-287-5586

Website: <https://www.umb.edu/academics/global>

PLEASE READ: THIS EQUIVALENCY EVALUATION WILL DEPEND ON THE COURSE(S) BEING WORTH 3 OR MORE CREDITS ONCE THE TRANSFER PROCESS IS COMPLETE (TRANSCRIPT HAS BEEN RECEIVED BY THE OFFICE OF GLOBAL PROGRAMS AND SUBMITTED TO UNDERGRADUATE ADMISSIONS). IF THE COURSE EQUATES TO FEWER THAN 3 CREDITS THE COURSE WILL TRANSFER FOR GENERAL ELECTIVE CREDITS ONLY, REGARDLESS OF WHAT IS EVALUATED ON THIS FORM. THE UMASS BOSTON UNDERGRADUATE ADMISSIONS WILL CONFIRM THE CREDIT VALUE DURING THIS PROCESS AFTER YOU RETURN.

LOCATIONS:

OFFICE OF GLOBAL PROGRAMS: CAMPUS CENTER 2100
UNDERGRADUATE ADMISSIONS: CAMPUS CENTER UPPER LEVEL (NEXT TO CAMPUS CENTER HELP DESK)
FINANCIAL AID: CAMPUS CENTER, 4TH FLOOR

FOLLOW UP INSTRUCTIONS FROM UNDERGRADUATE ADMISSIONS/ DEPARTMENT FOR STUDENT:

SIGNATURES

UNDERGRADUATE ADMISSIONS

PRINT NAME

Date: _____

DEPARTMENT CHAIR/ FACULTY ADVISOR (ONLY IF INSTRUCTED BY UNDERGRADUATE ADMISSIONS)

PRINT NAME

Date: _____

STUDY ABROAD COORDINATOR

PRINT NAME

Date: _____

RETURN SIGNED COPIES TO: UNDERGRADUATE ADMISSIONS, OFFICE OF GLOBAL PROGRAMS, AND FINANCIAL AID (IF NEEDED)