

## University of Mississippi Medical Center John D. Bower School of Population Health Transfer of Credit Approval Form

Name:				Type of Transfer (Attach Copy of Transcript*):	
	Last	First	Middle		
ID No.:				Domestic (Transfer Grade as Noted on Transcript; calculated with final GPA)	
Degree Sought:				International (Transfer Grade of S)	
Program:				Military (Transfer Grade of S)	
				*PLEASE NOTE: Official Transcript must be on file in the Registrar's office.	

**Instructions:** For each course transferred, supply the course information as listed on the original transcript in line 1, then decide how the course should be designated on the UMMC transcript on line 2. You may choose from 2 options: a) re-label the course using the symbol, number and title of an equivalent UMMC course, or b) retain the actual course title from the original institution, but label it with a special topics designation. Please note that the Semester Taken must remain the original date as indicated on the transcript.

Institution	Course Symbol and Number	Course Title	Semester Taken	Credit Hours	Grade
1. Original					
2. UMMC					
1. Original					
2. UMMC					
1. Original					
2. UMMC					

Note: Course credit transferred must not exceed 50% of the number of credit hours required for degree. Graduate credit will only be accepted for grades of "B" or higher.

Signatures:

Program Director

Date

Department Chair

Date

Student

Date

Date

Academic Dean