

Department of Mathematical Sciences

## **Course Transfer Request Form**

Name:		Date:		
ID:		Advisor:		
Program:	MA / PhD (circle one)	OptionI / OptionII (circle one)		
How long have	e you been in this program?:_		-	

School at which courses were completed:

Proposed Courses to Transfer			Proposed Equivalencies at UM	
Course #	Course Name	#credits	Course #	Course Name

Please consult the Graduate School (<u>http://www.umt.edu/grad/</u>) for relevant policies regarding transfer credits.

Attach to this form the following information:

- transcript which includes the courses listed above (unoffical transcript OK)
- course description (from catalog) of each course
- list of textbooks required for each course
- current program of study form