



When completed submit this form and any supporting documents to the DST Student Services Center in 336 Flarsheim Hall.

## TRANSFER CREDIT PETITION FORM

NAME: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

ADVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

PROGRAM: CIVIL CS ECE IT MECH LEVEL: BA BS MS PHD

### TO BE COMPLETED BY THE STUDENT:

**TRANSFER CREDIT REQUEST:** (Please limit each petition form to one request each.)

Transferring institution: \_\_\_\_\_

Transferring course number & name: \_\_\_\_\_

Semester & year taken / Grade earned: \_\_\_\_\_

UMKC course you are requesting credit for: Subject \_\_\_\_\_ Course number \_\_\_\_\_

**JUSTIFICATION:** (Explain why you believe these courses should be considered equivalent. A syllabus of the transferring course must be attached to this petition.)

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ ( ) Attachments

### TO BE COMPLETED BY THE DEPARTMENT:

**INSTRUCTOR COMMENTS:**  RECOMMENDED  NOT RECOMMENDED

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENTAL COMMITTEE DECISION:**  APPROVED  DENIED

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check box if this transfer credit can be approved for all future uses as of the date of this petition.

### DISTRIBUTION OF FORM

Sent to:  Student By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Office of Registration and Records \_\_\_\_\_  
 International Student Affairs Office \_\_\_\_\_  
 Other \_\_\_\_\_