Request for Transfer Credit

Please submit a separate form for each course you wish to transfer. Attach a copy of the course description and submit it with this form to Christine Gilchrist, Academic Program Administrator, in room 1098. You will be notified via email upon approval or rejection.

Name: _______________________________ Date: ______________________
Andrew ID: _______________________________ Major: _______________________________

External course you wish to transfer

Institution: ____________________________________________________________

Semester/Year: ____________________________________________ Credits: __________

Course Number: __________________ Course Name: _______________________________

CMU course for which you would like credit

Course Number: __________________ Course Name: _______________________________
Units: ____________________________________________

Requirement to be fulfilled: ________________________________________________

- This approval is contingent upon the student’s eligibility to continue as a CMU student. Courses taken elsewhere during a period of suspension will NOT transfer.
- Credit will be posted to the student’s CMU record upon receipt of an OFFICIAL transcript, in a sealed envelope, showing a grade of B or better.
- Your department may limit the number of units you can transfer from one session. Please discuss this with your advisor.
- Your department may limit the number of transfer courses that can count toward your degree. Please discuss this with your advisor.
- Review the CMU Transfer Credit Policy: http://www.cmu.edu/policies/documents/TransferCredit.html

Signatures

Student: _______________________________ Date: ______________________

Academic Advisor: _______________________________ Date: ______________________

Minor Advisor (if needed): _______________________________ Date: ______________________

Program Director (BA & IS only): _______________________________ Date: ______________________

Assoc. Dean for Education: _______________________________ Date: ______________________

After you have completed the above course, please have an OFFICIAL transcript sent to:
Christine Gilchrist, Academic Program Administrator
Carnegie Mellon University-Qatar, Education City
P.O. Box 24866 Doha, Qatar