



**UNIVERSITY OF ARKANSAS FOR MEDICAL SCIENCES
TRANSFER CREDIT APPROVAL FORM**

Instructions for TRANSFER CREDIT APPROVAL FORM

- 1. The Transfer Credit Approval Form should be used for adding Transfer Credit to your Student Record at the University of Arkansas for Medical Sciences.**
- 2. All signatures are required on the Transfer Credit Approval Form.**
- 3. The Transfer Credit Approval Form will need to be completed for each college in which you are requesting Transfer Credit from. We will also need Official Transcript(s) from the institution in which you are seeking approval for.**
- 4. All form(s) and Official Transcript(s) are to be submitted to the Office of the University Registrar at:

4301 W. Markham, #767
Little Rock, AR 72205
or by fax (501-526-3220)
or by email (registrar@uams.edu)**
- 5. After your form and Official Transcript(s) have been processed, we will place the Transfer Credit on your Student Record in GUS. Please do not assume all the documents have been received and processed. You may email registrar@uams.edu to check the status.**



Office of the University Registrar
Transfer Credit Approval Form

Name: _____ UAMS ID #: _____

Major/Program of Study: _____ College: _____

Permission is requested to transfer the below credits for the following courses to be taken at:

College/University: _____

Semester _____ Year _____

Transfer Course Title			
Department & Number		Semester Hours	
Equivalent UAMS Course			

Transfer Course Title			
Department & Number		<i>Semester Hours</i>	
Equivalent UAMS Course			

Transfer Course Title			
Department & Number		Semester Hours	
Equivalent UAMS Course			

Student's Signature

Date

Academic Advisor's Signature

Date

College's Associate Dean's Signature

Date