



**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. This form must be completed for each institution from which you are requesting Transfer Credit. Official transcript(s) are required for each institution.
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. Transfer credit evaluation typically takes 7-10 business days, and will appear in your student record in GUS once posted. If you do not see transfer credit posted in GUS after that time, please 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:

Transfer work completed at (College/University name): _____

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 Signature

Date

Academic Advisor Name & Signature

Date

UAMS College Assistant/Associate Dean Name & Signature

Date