



**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](mailto:registrar@uams.edu))
5. The transfer credit evaluation will appear on your student record in GUS once posted. If you do not see transfer credit posted in GUS after approximately 30 business days, please email [registrar@uams.edu](mailto: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 \_\_\_\_\_

Table with 3 rows: Transfer Course Title, Department & Number, Semester Hours, Equivalent UAMS Course

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Student Signature \_\_\_\_\_

\_\_\_\_\_ Date

Academic Advisor Name & Signature \_\_\_\_\_

\_\_\_\_\_ Date

UAMS College Assistant/Associate Dean Name & Signature \_\_\_\_\_

\_\_\_\_\_ Date