



Office of International Student & Scholar Services
 Center for International Studies
 261 Millennium Student Center
 8001 Natural Bridge Road
 St. Louis, Missouri 63121
 USA
 Telephone (314) 516-5229
 FAX (314) 516-5636
 Email: iss@umsl.edu

TRANSFER CREDIT DOCUMENT¹

Name: _____
(Family or Surname) (First) (Middle)

Student Number: _____ Phone #: _____ Major: _____

Email: _____

Please complete the information below for the university (or universities) from which you are transferring credit.

Name of University	City and Country	Dates of Attendance	Type of Institution
			___ 2 yr. ___ 4 yr.
			___ 2 yr. ___ 4 yr.
			___ 2 yr. ___ 4 yr.

I am requesting that my university transcripts be evaluated for transfer credit. I understand that my transcripts must be official documents before the Office of International Student Services will be able to begin processing this request. I also understand that if I am unable to have official documents sent to the University of Missouri-St. Louis from my home university, I will need to have ECE (Educational Credential Evaluators, Inc.) verify the authenticity of my document.

Signature: _____ Date: _____

For office use only

The document is official: (initial and date one)

_____ Office of the Registrar

Course descriptions here: ___yes ___no

_____ International Student Services

_____ ECE

_____ Other (Explain)

¹This document must be completed before the transfer credit process can begin.