

Advanced Standing Form for Course Waivers

Offices of Graduate Studies, Graduate Admissions and the Registrar

Advanced Standing is awarded to students who are admitted to a doctoral program with relevant graduate level coursework or a master's degree in the same or related field of study. Advanced Standing may waive a maximum of 36 credits for students upon admission (with the exception of license-eligible programs requiring extensive proscribed credits). Courses are waived course-by-course based upon equivalency and relevance. Courses must have been taken at an accredited institution, no more than seven (7) years prior to matriculation at UMB, and received a grade of "B" or higher. The award of Advanced Standing cannot reduce the number of credits below 24 credits as part of the residency requirement including research hours and dissertation credits. Students who fail to complete their doctoral program cannot apply their Advanced Standing master's courses for an additional master's degree from UMass Boston.

TO BE COMPLETED BY THE STUDENT:

Please attach unofficial transcripts of all coursework (*Note that official transcript must be on file*)

Student Name: _____ **UMS#:** _____

First Term of Registration /Acceptance: _____

Program / Plan: _____

Previous Institution(s): _____

Previous Degree(s) Awarded/Date(s): _____

Dates Enrolled: _____

Student Signature: _____ **Date:** _____

To Be Completed by GPD:

UMB Graduate Program Required Course, Elective Course or other Degree Requirement to be waived	Waive (W) Course (Course Information from previous institution)	Institution / Semester	Number of Credits
<i>EXAMPLE: Sociol 601</i>		<i>UPenn, Spring 2014</i>	<i>3</i>

To Be Completed by GPD (continued):

UMB Graduate Program Required Course, Elective Course or other Degree Requirement	Waive (W) Course (Course Information from previous institution)	Institution / Semester	Number of Credits

Waived Course: Needs (W) may or may not have credits (Courses in this section will be waived, meaning the student is exempt from taking the course or fulfilling the requirement).

GPD Comments:

GPD Printed Name: _____ **Graduate Program:** _____

GPD Signature: _____ **Date:** _____

One copy to Department / One copy to Graduate Studies / One copy to Registrar