

University of Maine

Credit by Competency

Date _____

Student's Name _____

Student's Empl# _____

Please list the course number the student should receive credit for and the number of credits earned and forward to um.transfer@maine.edu or fax to 207-581-1315.

Course Number _____ Credit _____ Date Taken _____

Course Number _____ Credit _____ Date Taken _____

Course Number _____ Credit _____ Date Taken _____

Course Number _____ Credit _____ Date Taken _____

Course Number _____ Credit _____ Date Taken _____

Course Number _____ Credit _____ Date Taken _____

Approved by _____

Notes _____